MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05645

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md | LENGTH OF STAY (in this place) 5 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 808 West End Ave. N.Y.

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) (Last) Alpandera

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec. 15-1874

9. AGE last birthday: 76 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Tokay Hungary (Austria)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard Reisman

14. MOTHER'S MAIDEN NAME: Katie Freid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Laura M. Schroeder, Masonic Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease

93d (c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 19 46, to June 1, 19 51, that I last saw the deceased alive on June 1, 19 51, and that death occurred at 2 30 P.m., from the causes and on the date stated above.

SIGNATURE: Walter T Kees (Degree or title) M D ADDRESS Ellicott City Md DATE SIGNED 6-1-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 6/2/51 | NAME OF CEMETERY OR CREMATORY Fernciff Cemetery | LOCATION (City, town, or county) Ardsley, N.Y. (State)

DATE REC'D BY LOCAL REG. 6/1/51 | REGISTRAR'S SIGNATURE Laura M. Schroeder | 24. FUNERAL DIRECTOR Wm. Cook, St Paul & Preston St ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05646

Reg. Diat. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Sister Mary Delphina Argus

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 9, 1870

8. AGE:	Years	Months	Days	If less than one day
	80	8	2	..... hrs. ..... min.

9. Birthplace: Buffalo N.Y. (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER — 12. Name: Henry Argus

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Margaret Seereiter

MOTHER — 15. Birthplace: Buffalo

16. Informant: Sr. Mary Clara

Address: Notch Cliff

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JUNE 13 1951 (month) (day) (year)

Cemetery or crematory: VILLA MARIA

Location: NOTCH CLIFF NR TOWSON

18. Funeral director: Charles L. Seiler

Address: 901 S. CONKLING ST. BALTO. 24, MD.

19. 6/12 1951 (Date rec'd by registrar) — JT Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1951, at 4.45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14 1947, to June 11 1951

and that I last saw him alive on May 30, 1951

Immediate cause of death: Coronary Occlusion — DURATION: 5 days

Due to:

Due to:

Other conditions: Arterial sclerosis and hypertension

420.1

(Include pregnancy within 3 months of death)

94a

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. (M. D. or other)

Address: Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05647

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH

County: Baltimore

City or town: Sparrows Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Sparrows Point

(If outside city or town limits, write RURAL and give nearest town)

Street No. 805 9th street

(If rural, give LOCATION)

2.(a) If veteran, name war: War #1

3. (a) FULL NAME Ernest Lee Bartee

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Married

6.(b) Name of husband or wife: Essie Bartee

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 15 - 1895

8. AGE: Years: 55 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Church Valley W. Va. (Town, county, and state)

10. Usual occupation: Steel Laborer

11. Industry or business: Bethlehem Steel

FATHER — 12. Name: Eddie Bartee

FATHER — 13. Birthplace: W. Va.

MOTHER — 14. Maiden name: ?

MOTHER — 15. Birthplace: ?

16. Informant: Eddie Bartee

Address: 805 9th St. Sparrows Pt

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-17-51 (month) (day) (year)

Cemetery or crematory: Mt. Calvary

Location: A. A. Co. Md.

18. Funeral director: Samuel W. Sullivan Jr.

Address: 1011 N. Arlington Av. - Balto.

19. 6/15 1951 (Date rec'd by registrar) A W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/13/51 19..... at 4:10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6/13/51 19..... to 6/13/51 19.....

and that I last saw him alive on 6/13/51 19.....

Immediate cause of death	DURATION
Coronary occlusion	3 hrs.
Due to: Bronchial asthma	2 years
Due to: 420.1	
Other conditions: 94a.	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: H. Thomas M.D. M. D. or other

Address: 107 W. Main St. Date signed: 6/13/51

MARYLAND STATE DEPARTMENT OF HEALTH

05648

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyatts (14); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8824 Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville - 14; STREET ADDRESS (If rural, give location): 8824 Ridge Ave.

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) F. (Last) Barth

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 12, 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welding Trimmer

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Newark N. J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Barth

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs Pauline Schreiber (Name)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute bulbar paralysis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & hypertension	11 yrs. +
	(c)	

443X 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — 11 yrs. +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 1940, to June 12 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 6 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. M. Bacon, M.D. 2810 Taylor Ave. 6/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/15/51 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county) (State): Frederick Ave Md

DATE REC'D BY LOCAL REG. 6/12/51 | REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR ADDRESS: Mildred T. Blight, 6009 Harford Rd.

6904A

MARYLAND STATE DEPARTMENT OF HEALTH

05649

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 404 Railroad Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 404 Railroad Ave.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Batty

4. DATE OF DEATH: (Month) June (Day) 10. (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 15, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: James Batty

14. MOTHER'S MAIDEN NAME: Laura Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Mable Batty 404 Railroad Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, Terminal	2 days
350X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) Parkensonian Disease -	6 yrs.
	(c) Arteriosclerosis, Heart & Cerebral	unkn

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4th, 1951, to June 10, 1951, that I last saw the deceased alive on 6/9, 1951, and that death occurred at 12.50 p m., from the causes and on the date stated above.

SIGNATURE: Bennett A Stone (Degree or title) M.D. ADDRESS: Lutherville DATE SIGNED: 6/12/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6-13-51
NAME OF CEMETERY OR CREMATORY: Pleasant Rest Cem
LOCATION (City, town, or county) (State): Baltimore, Co., Md.

DATE REC'D BY LOCAL REG.: 6/12/51
REGISTRAR'S SIGNATURE: a w Hedrick
24. FUNERAL DIRECTOR: Mrs Frances A Hensley
ADDRESS: 578 W. Biddle St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05650

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Clays Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) Clays Lane

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Franklin (Last) Baugher

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 10, 1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Charles Grill

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Baugher

14. MOTHER'S MAIDEN NAME: Mollie Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-09-0286

17. INFORMANT: Mrs. Ella N. Baugher, Clays Lane Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c) Cardiovascular disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. McKiffen M.D. Deputy Coroner 1010 Leeds Ave., Arbutus, Md. June 5 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 6, 1951 | NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | LOCATION (City, town, or county) Randallstown, Md. (State)

DATE REC'D BY LOCAL REG. June 4 51 | REGISTRAR'S SIGNATURE Geo. McKiffen | 24. FUNERAL DIRECTOR Miller & Amoreall | ADDRESS 4510 Liberty Heights Ave.

510246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05651

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Augsburg Home — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton Ohio
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) M. (Last) Baumann

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1951

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 22-1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Howard Co MD

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Peter Miller

14. MOTHER'S MAIDEN NAME: Nancy Cavey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT: Augsburg Home Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Colon (Primary)	8 months
153 X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46 e	(b)	
	(c) Arteri-Sclerotic Heart Disease	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to June 27 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Earl L. Chambers MD. — 1405 Liberty Hts Ave. — Baltimore 7 Md.

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial June 29/51 — St Pauls Cem — Violetsville

DATE REC'D BY LOCAL REG. 6/28/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

Wm Chas A G Rohde — 2327 Edmondson Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B- 05652

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
STREET ADDRESS (If rural, give location): 1501 Ten Pen Alley

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (NMI) (Last) BEASLEY

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married-Sep.

8. DATE OF BIRTH: 7-4-85

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Junk Dealer (Unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greene Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Beasley

14. MOTHER'S MAIDEN NAME: Rebecca Minor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculosis pulmonary, bilateral, far advanced	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
12

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, generalized — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 19 51, to June 7, 19 51, [illegible] and that death occurred at 1:40 A. m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Albert E. Pugh, M.D.

ADDRESS: ACTING CHIEF, MEDICAL SERVICE VAH FT. HOWARD, MD.

DATE SIGNED: 6-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/12/51

NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery

LOCATION (City, town, or county) (State): 5501 Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REG.: 6-11-51

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR AND ADDRESS: Chas. R. Law 802 Madison Ave. Balto. Md.

27026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05653

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Route 13 Essex

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred: None

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Route 13 Essex Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. Box 460

(If rural, give LOCATION)

2.(a) If veteran, name war: WW

3. (a) FULL NAME David Bedford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Married

6.(b) Name of husband or wife: Minnie Bedford

6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.) Oct. 15 - 1863

8. AGE: Years	Months	Days	If less than one day
87			hrs. min.

9. Birthplace: Queen Anne Co. Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER 12. Name: John Bedford

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Elizabeth Bedford

MOTHER 15. Birthplace: Maryland

16. Informant: Edna Bafel

Address: Essex Md

17. Burial, cremation, or removal. Which? Burial Date thereof 6-28-57 (month) (day) (year)

Cemetery or crematory: St Stevens

Location: Middle River Md

18. Funeral director: Elroy D. Wilson

Address: 1010 Bentley ave

19. 6-28 1957 (Date rec'd by registrar) VK Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22nd 1957 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10th 1957 to June 22nd 1957

and that I last saw him alive on June 21st 1957

Immediate cause of death	DURATION
Pneumonia	12 days
Due to: CVA and Arteriosclerosis	
Due to:	
Other conditions	

4500

107

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F. E. Thomas M.D. M. D. or other

Address: 1070 N. Main St Date signed: 6-24-57

Dundalk Md

MARYLAND STATE DEPARTMENT OF HEALTH

05654

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 Butler Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): 2 Butler Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H. (Last) Berry

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1900

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist, United Distillers

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John F. Berry

14. MOTHER'S MAIDEN NAME: Annie Grothe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 217-01-1537

17. INFORMANT AND ADDRESS: Bertie L. Berry, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery Disease — 10 min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): D. D. Caples Deputy Med Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 6-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: June 25, 1951 NAME OF CEMETERY OR CREMATORY: All-Saints LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 6-24-51 REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

54/413

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05655

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 38 yrs. 1 mth. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: OR Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): Spring Grove St. Hospital

3. NAME OF DECEASED (Type or Print): (First) BERNARD (Middle) (Last) BURR

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 14, 1875

9. AGE Last birthday: 76 yrs. If under 1 year: Months 1 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): brush maker

10b. KIND OF BUSINESS OR INDUSTRY: repair factory

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: (first name unknown) Burr

14. MOTHER'S MAIDEN NAME: Fredricka (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records and family, Cat. 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epileptic seizure — Interval between onset and death:

3533 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

85 (c) Epilepsy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Re[illegible] McKieffer Jr. M.D. Balto. Co. 1010 Leadenhall Jun 21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 25-51 | NAME OF CEMETERY OR CREMATORY: Western | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: June 23-1951 | REGISTRAR'S SIGNATURE: R.W.S.

24. FUNERAL DIRECTOR: Wm Cook Inc. | ADDRESS: 1217 St Paul St

VS. A15A

mc 8080 690399

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05656

Reg. Dist. No. KK

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 101 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Green Gables, Pasadena PO
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) C. (Last) BUTTERFIELD

4. DATE OF DEATH (Month) (Day) (Year): June 15 19 51

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-31-25

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY: iron work

11. BIRTHPLACE (State or foreign country): Duke Center, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Butterfield

14. MOTHER'S MAIDEN NAME: Grace Greeley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 218-18-4205

17. INFORMANT AND ADDRESS: Clinical Records, Vets.Adm.Hosp.Ft.Howard,M

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Embryonal carcinoma of testicle, right with — 11 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Metastasis to regional & bronchial lymph nodes & lungs
(c)

178X
51C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 3-6, 19 51, to 6-15, 19 51, ~~that I last saw the deceased alive on~~ and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: Phillip W. Fenney (Degree or title) — ADDRESS — DATE SIGNED

PHILLIP W. FENNEY, M.D. ACTING CHIEF, SURGICAL SERVICE VAH FT. HOWARD, MD. 6-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/19/51 | NAME OF CEMETERY OR CREMATORY: Balto.National Cemetery | LOCATION (City, town, or county) (State): 5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG.: 6/18/51 | REGISTRAR'S SIGNATURE: H.W.Hedrick

24. FUNERAL DIRECTOR: Blight Funeral Home 6009 Harford Rd.BaltoM — ADDRESS: Mildred T. Blight

VW 337

Rev. Female

Cu. 1004

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05657

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CATONSVILLE HOME FOR AGED

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 116 ROSE WOOD AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET		CAREY	6	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	SINGLE		78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RET. PRESS OPERATOR	PRINTING	MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES CAREY	ANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	—	P.J. RUSSELL - PHILADELPHIA PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteriosclerosis, generalized, senera	Unknown
Antecedent cause(s) (b)	
450.0 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility; senile cataracts, bilat	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 9, 1951, to June 11, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Van Magness	MD	Catonsville	6-13-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	6-14-51	CATHEDRAL CEM.	BALTO.	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-13-51	V.E. Harvey	George A. Farley - Catonsville, Md.	

575459

867

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 05658 38

Reg. Dist. No. 9

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 30
STREET ADDRESS (If rural, give location): 2216 Annapolis Road.

3. NAME OF DECEASED (Type or Print): (First) EDDIE (Middle) GRAHAM (Last) Carneal

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 26, 1900

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Venetian Blinds

11. BIRTHPLACE (State or foreign country): Caroline, Co Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Carneal

14. MOTHER'S MAIDEN NAME: Margaret Thacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriolosclerotic Heart Disease c. Hypertension.	
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure, Coronary occlusion.	15 months
13b	(c) Pulmonary Tuberculosis	15 Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 6 1950, to June 16, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 5.50 p.m., from the causes and on the date stated above.

SIGNATURE: William A Bridges (Degree or title) M.D., ADDRESS: Eudowood Sanatorium, Towson 4, Maryland DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/20/51

NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.

LOCATION (City, town, or county) (State): Dorsey, Md.

DATE REC'D BY LOCAL REG.: 6/18/51

REGISTRAR'S SIGNATURE: H.W. Hedrick

21. FUNERAL DIRECTOR: Wm. J. Tickner & Sons

ADDRESS: 510246 Balto. Md.

VS. A15

05659

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 7yrs. 1mos. 19dys.; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1532 Park Avenue

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) Marie (Last) Carr

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 24, 1864

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Warwickshire, England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Carr

14. MOTHER'S MAIDEN NAME: Caroline Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	7yr+
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	7yr+
	(c)	

422.1
186a
904.7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive psychosis, circular type 7yr+; Fracture left femur 6/11/51

19a. DATE OF OPERATION: June 15, 1951

19b. MAJOR FINDINGS OF OPERATION: Pin placed in fracture of neck of left femur.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1944, to June 28, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE W. W. Elgin (Degree or title) M.D. ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4 Md. DATE SIGNED 6/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 6-30-51; NAME OF CEMETERY OR CREMATORY St Mary's; LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. June 29, 1951; REGISTRAR'S SIGNATURE Bacon MD

24. FUNERAL DIRECTOR: B. L. Hopping & Son ADDRESS Annapolis Md.

Dr. Rollin C. Hudson, Baltimore County Medical Examiner, notified 05659

Items 13, 14 Film G133 6/8/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05660

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2304 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE OK Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Masonic Home

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Chisholm
4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 22, 1870
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Stationary engineer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles S. Chisholm
14. MOTHER'S MAIDEN NAME: Elizabeth Trust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Schroeder, Masonic Home, Cockeysville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d (b) Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Lung

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4/, 1951, to 6/4/, 1951, that I last saw the deceased alive on 6/4/, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. E. Martin M D Randallstown Md 6/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 6/6/51
NAME OF CEMETERY OR CREMATORY: Abingdon Cemetery
LOCATION (City, town, or county) (State): Abingdon, Maryland

DATE REC'D BY LOCAL REG. 6/4/51
REGISTRAR'S SIGNATURE: Wm. E. Martin
24. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: 1217 St. Paul Street

Mm. 8050 5837

MARYLAND STATE DEPARTMENT OF HEALTH

05661

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A154

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale (Balto 6) — LENGTH OF STAY (in this place) 15 mos. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5552 Phila Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale — STREET ADDRESS 6618 (If rural, give location) Kenwood ave.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Vernon (Last) Christine Jr.

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about 1945

9. AGE last birthday: 6 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul V. Christine Sr.

14. MOTHER'S MAIDEN NAME: Dorothy M. Schenck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: P. V. Christine Sr. - 6618 Kenwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull (crushed).	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left temporal bone.	
936.0 1952	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY At home. — (CITY OR TOWN) Rosedale — (COUNTY) Balto. — (STATE) Md

TIME OF INJURY (Month) June (Day) 25 (Year) 51 (Hour) 5 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Pulled big roll linoleum over on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr. W. McCarmine M.D. Deputy Medical Examiner Balto Co. Dunkalk 22 Md. 6/25/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/27/51 — NAME OF CEMETERY OR CREMATORY: Prospect Hill — LOCATION (City, town, or county) (State): York Pa

DATE REC'D BY LOCAL REG. 6/27/51 — REGISTRAR'S SIGNATURE: A W Redmiles

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

05662

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A-1

1. PLACE OF DEATH
COUNTY: Balto. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5542 Oakland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
STREET ADDRESS (If rural, give location): 5542 Oakland Rd.

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) L. (Last) COFFMAN

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 28, 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick J. Laib

14. MOTHER'S MAIDEN NAME: Mary Fitzgibbons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mr. Hiram L. Coffman - 5542 Oakland Rd. Balto. 27, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Cardia - Vascular Disease — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

415X

93C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to June 16, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 6:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D Cmac Laughlin, M.D. 4508 Edmondson Village 6/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/20/51

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 6/19/51

REGISTRAR'S SIGNATURE: H.W. Redmond

24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons ADDRESS: Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05663

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
LENGTH OF STAY (In this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Worthington Valley

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): Worthington Valley

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) V. (Last) Colt

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 30, 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Importer of Horses

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Geneseo N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry James Colt

14. MOTHER'S MAIDEN NAME: Sarah Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Julia K. Colt, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage, hemiplegia	5 weeks
	(c) Cerebral arteriosclerosis	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) --

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1949, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE: J. W. Landan — (Degree or title) M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 6-2-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: June 5, 1951 — NAME OF CEMETERY OR CREMATORY: Green Mount — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6-4-51 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

201619

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05664

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 137 N. Lakewood Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) COMEGYS

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-3-98

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Wallace

14. MOTHER'S MAIDEN NAME: Louise Kurtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 218-07-8324

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Reticulum cell sarcoma — UNKNOWN

200.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 16, 19 51, to June 25, 19 51, [illegible] and that death occurred at 12:20 P. m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) C.S. Lopez M.D. — ADDRESS VAH Fort Howard,Md. — DATE SIGNED 6-25-51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 6/28/51 — NAME OF CEMETERY OR CREMATORY Balto. National Cemetery — LOCATION (City, town, or county) (State) Baltimore,Md.

DATE REC'D BY LOCAL REG. 6/27/51 — REGISTRAR'S SIGNATURE C W Redmond

24. FUNERAL DIRECTOR AND ADDRESS Harry W.Fanning Funeral Home, Balto.Md.

NJ

430636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 05665

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bonnie View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 320 E. 22nd St. ✓

3. NAME OF DECEASED (Type or Print): (First) ELSA (Middle) SOPHIA (Last) CONRADI

4. DATE OF DEATH: (Month) June (Day) 8/51 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 18, 1860

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Director of Education

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: --------Conradi

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Pastor Fritz O. Evers, City Hall Plaza

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple emboli, systemic secondary to — 2 days

422.1 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease - auricular fibrillation — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial embolus, left femoral artery

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1951, to June 8, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J McCann M.D. 5804 Edmondson Ave Baltimore 28, Md 6/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: June 12/51

NAME OF CEMETERY OR CREMATORY: Greenmount Crematory

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/12/51

REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR: Harry H. Smith

ADDRESS: 4101 Edmondson Ave.

VST

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05666

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Brightside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 20 Brightside ave

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) C. (Last) Cruney

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 8-12-1888

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William A. Ritter

14. MOTHER'S MAIDEN NAME: Martha P. McCulloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Albert C Cruney - 20 Brightside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma	6 mons.
MOX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Carcinoma of Breast.	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1948 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Right Breast.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23rd, 1949, to June 5th, 1951, that I last saw the deceased alive on June 5th, 1951, and that death occurred at 12.40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. | ADDRESS Pikesville P.O., Md | DATE SIGNED 6/8/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-9-51 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville, Maryland (State)

DATE REC'D BY LOCAL REG. 6/8/51 | REGISTRAR'S SIGNATURE M T E Nichols | 24. FUNERAL DIRECTOR Frank H. Newell. | ADDRESS Pikesville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05667

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Parkville MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7805 Elmhurst Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 7805 Elmhurst Road

3. NAME OF DECEASED (Type or Print): (First) Ernst (Middle) W. K. (Last) Dames

4. DATE OF DEATH: (Month) June (Day) 23rd (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 19, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coppersmith

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernst Dames

14. MOTHER'S MAIDEN NAME: ? Fuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-09-4048

17. INFORMANT: Mrs. Mary K. Dames, 7805 Elmhurst Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral arteriosclerosis	about 5 yrs.
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97	(b) Hypertension	about 5 Yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to June 23, 1951, that I last saw the deceased alive on June 23, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernst G. Marx M.D. 516 Cathedral St., Baltimore, Md. 6/25/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6- -51

NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/25/51

REGISTRAR'S SIGNATURE: a W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VJT

591206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

Bc 05668

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard / LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard,Md.	STREET ADDRESS (If rural, give location) 1420 Harlem Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	E.	DAVIS	June	16	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	3-10-92	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur		Berlin, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?? DAVIS	Phylis Derickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WWI	unknown	Clin.Rec.Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral vascular accident	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 442X 131a (b) Hypertensive cardiovascular disease with nephrosclerosis	unknown
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 15, 1951, to June 16, 1951, ~~that I last saw the deceased alive on~~ and that death occurred at 5:45 P m., from the causes and on the date stated above.

VA

SIGNATURE Frank E Poole M.D. (Degree or title) ADDRESS DATE SIGNED

FRANK E. POOLE, M.D. VETERANS ADMINISTRATION HOSPITAL FT. HOWARD,MD. 6-17-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/20/51	Balto Natl Cem	Balto. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/19/51	Wm Hadnut	Chas.G.Cooper	512 Carrollton Ave.Balto.Md.

Dr Charles H Cooper

682 VV

05669

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 109

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18
STREET ADDRESS (If rural, give location) 1437 N. Charles Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARTHUR	(NMI)	DEETS	June 8 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Divorced	3-16-89	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Window Washer (retired)	Owner	York, Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Deets	Anna (MN Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHOGENIC CARCINOMA, RIGHT LUNG — UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

162X
470

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS WITH CAVITY FORMATION IN — UNKNOWN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	RIGHT TUMOR	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 17, 1951, to June 8, 1951, [illegible] deceased

[illegible] and that death occurred at 8:01 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Merle L. Scher MD AOD	VAH, FORT HOWARD, MARYLAND	6-9-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-12-51	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/11/51	A. W. Bedard	Howard Blight Funeral Home Mildred T Blight	6009 Harford Rd., Baltimore, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Be 05672

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 2 yrs. 7mths. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1730 Thomas Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) R. (Last) DOWLING

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Feb. 20, 1886	65 yrs.	4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
electrician	Electric Co.	Maryland	U. S.

13. FATHER'S NAME: Joseph Dowling

14. MOTHER'S MAIDEN NAME: Alice Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records, Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac failure	
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertension Cardio Vascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. J. McKieffer	M.D. Resident Baltimore	1010 Leeds Ave	June 29, 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/23/51	Parkwood	Parkville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/22/51	H. W. Hedrich DR	Wm. Cox Inc.	1217 St. Paul St.

515586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05670

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Newberg Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 23 Newberg Ave

3. NAME OF DECEASED (Type or Print): (First) AMALIA (Middle) (Last) DRESSLER

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1951

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Aug 31 1869 | 9. AGE last birthday 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) Balto. Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Becker | 14. MOTHER'S MAIDEN NAME Theresa Puls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS John A. Dressler Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Cachexia	18 Months
175X 49a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Ovary	10 yrs
	(c) Pagets disease	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1941, to 6/16, 1951, that I last saw the deceased alive on 6/14, 1951, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Eliot W Johnson M D | 3432 Sudbrook Lane | 6/18/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 19/51 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 6/18/51 | REGISTRAR'S SIGNATURE H.D. Hedrick

24. FUNERAL DIRECTOR H.W. Jenkins & Sons | ADDRESS 4905 York Rd.

Dr. E. M. Johnson
3432 Frederick
1230-Z

9: 4411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05671

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 5743 Edmondson Avenue

3. NAME OF DECEASED (Type or Print): (First) William S. Dunning (Middle) (Last)

4. DATE OF DEATH: (Month) June (Day) 17th (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12/20/1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Syracuse, N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William D. Dunning

14. MOTHER'S MAIDEN NAME: Virginia Shankland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Dr H. S. Dunning-503 Wolfs Lane Pelham Manor N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDITIS, CHRONIC. — 3 MOS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SENILITY. — MONTHS

422.2
932

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to JUNE 17 1951, that I last saw the deceased alive on JUNE 4, 1951, and that death occurred at 1:15P m., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) M.D. ADDRESS 610. FREDERICK ROAD. CATONSVILLE MD. DATE SIGNED June 17 51.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 6/18/51

NAME OF CEMETERY OR CREMATORY: Oakwood

LOCATION (City, town, or county) (State): Syracuse, N. Y.

DATE REC'D BY LOCAL REG.: 6/18/51

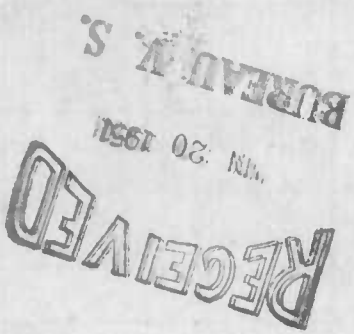
REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS N&Pa Aves Balto, MD

490 VVV

Dr Lloyd Johnson

610 Frederick Avenue.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05673

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1309 W. Lombard Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) A. (Last) ELPHRING
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 11-16-86
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (unemployed)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis A. Elphring
14. MOTHER'S MAIDEN NAME: Susan Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EMPHYSEMA	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DILATATION & HYPERTROPHY OF RIGHT VENTRICLE	UNKNOWN
	(c)	

4343
113.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEMORRHAGIC CYSTITIS — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1951, to June 26, 1951, and that death occurred at 9:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. B. Fuqua, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 29/51.
NAME OF CEMETERY OR CREMATORY: Western Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/28/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Harry A. Leitzke
ADDRESS: 4101 Edmondson Ave. Baltimore, Md. 21229

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05674

Reg. Dist. No. 4X

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 26
STREET ADDRESS (If rural, give location): 3480 Child's Ct., Fairfield Homes

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) FALKNER

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-9-95

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond Falkner

14. MOTHER'S MAIDEN NAME: Rose Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X
520

Immediate cause (a) CARCINOMA OF BLADDER WITH METASTASES — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-24-51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder with metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1951, to June 2, 1951, that I last saw the deceased alive on [illegible] and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE: A.E. PUGH, M.D. — (Degree or title) — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 6-2-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-6-51

NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

LOCATION (City, town, or county) (State): German Hill Rd. Baltimore, Md

DATE REC'D BY LOCAL REG.: 6/4/51

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Lilly & Zeiler, Inc. 403 S. Wolfe, Balto, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05675

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 7½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location): 4520 Wheeler Road S.E.

3. NAME OF DECEASED (Type or Print): (First) Weldon (Middle) Cover (Last) Feathers

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 14, 1908

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Feathers

14. MOTHER'S MAIDEN NAME: Ella Heime wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Pt's hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Failure — 48 hours

112X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Malignant Tertiary malaria

30 b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tertiary syphilis – (General Paresis)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to June 23 19 51, that I last saw the deceased alive on June 23, 1951, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Risley MD — ADDRESS Spring Grove State Hospital Catonsville 28, Md. — DATE SIGNED June 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-23-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Forest Lawn

DATE REC'D BY LOCAL REG. 6-24-51 — REGISTRAR'S SIGNATURE: V. E. Harry

FUNERAL DIRECTOR — ADDRESS: Sunge & Farley Catonsville MD

554 V V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Br 05676

Reg. Dist. No. 3-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3100 Montebello Terrace

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) ANNA (Last) FISCHER

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 27, 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months 4, Days 8, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gottlieb Fischer

14. MOTHER'S MAIDEN NAME: Elizabeth Keil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute Heart failure	1 day
420.0 Antecedent cause(s)	(b)	Cardiac dilitation due to overstrain	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b)	Arteriosclerotic heart disease	years
	(c)	Generalized arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic interstitual nephritis	years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951, to June 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B. Herrmann Grecdon D. ADDRESS: Spring Grove St. Hospital Catonsville 28, Maryland DATE SIGNED: 6-4-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 6/7/51 NAME OF CEMETERY OR CREMATORY: Baltimore LOCATION (City, town, or county) (State): Balto Md

DATE RECD BY LOCAL REG.: 6/5/51 REGISTRAR'S SIGNATURE: Rev. Hedrul L. Fluck

24. FUNERAL DIRECTOR: 5305 Harford Rd ADDRESS

D 03

72082

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05677

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings mills — LENGTH OF STAY (In this place) 8 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dolfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE M. Y. — COUNTY Pleasantville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
STREET ADDRESS (If rural, give location) 8 Marble Rd.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Henry (Last) Foster Sr.

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 2-28-1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter's Claims

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): Yonkers N.Y.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel Henry Foster

14. MOTHER'S MAIDEN NAME: Henritta Blakemore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 171-09-9509

17. INFORMANT: Helen C. Dannelly - Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Larynx — Interval between onset and death: 1 Yr

161X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

47a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension & Loss of Weight — 3 Mos

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1951, to 6-16, 1951, that I last saw the deceased alive on 6-16, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T E Nichols MD Pikesville 8 Md 6/18/51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial 6/19/51 Druid Ridge Cemetery Pikesville Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

June 15, 1951 T E Nichols Frank H. Newell - Pikesville, Md.

300336

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05679

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS old Court Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn Long Green via Stat; STREET ADDRESS (If rural give location) old Court Road

3. NAME OF DECEASED (Type or Print): (First) Elena (Middle) Belle (Last) Frazier

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1957

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wdw

8. DATE OF BIRTH: Feb 16 1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Benjamin Brady

14. MOTHER'S MAIDEN NAME: Margaret Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Frank Rayland 700 W 20th St Ny

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Geo Lankiffer MD Exam. Balt. Co. 1010 Leadenhall June 25 57

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION; DATE THEREOF June 26, 1957; NAME OF CEMETERY OR CREMATORY Greenmount; LOCATION (City, town, or county) Baltimore; (State) Md

DATE REC'D BY LOCAL REG. 6/25/57; REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons; ADDRESS

VS. A15A

Item 18 Film G133 7-2-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05680

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus — LENGTH OF STAY (in this place): 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5205 Leeds Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York — COUNTY: New York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York
STREET ADDRESS (If rural give location): 870 - Fort Washington Ave

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) HERMINA (Last) FRETWELL

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 7, 1895

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herman Kruse

14. MOTHER'S MAIDEN NAME: Rose Helber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: husband -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

174 X — Immediate cause (a): Cancer of Uterus (7-2-51 ams) — 2 yrs -

48 b — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN): none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 1 April, 1951, to 8 June, 1951, that I last saw the deceased alive on 8 June, 1951, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE: William Goodman, — (Degree or title): M.D. — ADDRESS: 1334 Sulphur Spring Rd. — DATE SIGNED: 8 June 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 12, 1951 — NAME OF CEMETERY OR CREMATORY: Lorraine — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 6/11/51 — REGISTRAR'S SIGNATURE: A.W. Bedrick

24. FUNERAL DIRECTOR: Fred A. Cole — ADDRESS: 1918 W. Baltimore St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05681

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; MARYLAND; LENGTH OF STAY (in this place) 20 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hooks Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) Hooks Lane -

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Garrish Sr.

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: 1/13/1871

9. AGE last birthday: 80 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: State Rds. Comm.

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Garrish

14. MOTHER'S MAIDEN NAME: Catherine Ahler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 218-22-9476

17. INFORMANT: Mrs Edward Garrish - Hooks Lane Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — unknown

4/22.1 932

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1951, to June 13, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE: E E Nichols (Degree or title) Md ADDRESS Pikesville 8 Md DATE SIGNED 6/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF 6/15/51 — NAME OF CEMETERY OR CREMATORY Stone Chapel — LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 6-14-51 — REGISTRAR'S SIGNATURE Per E E Nichols

24. FUNERAL DIRECTOR Frank H. Purnell Pikesville, Md ADDRESS

970936

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B2 05682

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 2 mths. 21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 18 York Court

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	SAMUEL	ADISON	GIFFIN		June	18,	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Feb. 28, 1867	84 yrs.	3	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
salesman	farm implement	Indiana	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Giffin	Rachel Kittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Primary bronchogenic carcinoma of the right lung with metastases to the mediastinum	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

162X

47c

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease; Generalized arteriosclerosis — Several yrs " "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 20, 1951, to June 18, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elbd B Herrmann Jr.	M.D.	Spring Grove St. Hospital Catonsville 28, Md.	6-18-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/21/51	Meadowridge Memorial	Elkridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/51	H.W. Hedrick M.D.	Wm. Cook, Inc.	1217 St. Paul Street

490-617

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. Be 05683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1002 Druid Hill Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (NMI) (Last) GOINES

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-8-00

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Emporia, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Goines

14. MOTHER'S MAIDEN NAME: Lucy White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 213-02-2527

17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GASTRO-INTESTINAL HEMORRHAGE — UNKNOWN

581.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CIRRHOSIS OF THE LIVER — UNKNOWN

1240

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY CONGESTION — TERMINAL

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): [illegible] M.D. Dept Med Examiners

ADDRESS: Dundalk-2 Md

DATE SIGNED: 6-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 6-8-51

NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL CEMETERY

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/5/51

REGISTRAR'S SIGNATURE: D ✓

24. FUNERAL DIRECTOR: Aldolph Halsted

ADDRESS: 918 Druid Hill Ave. Balto Md

970.00

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

not B^E 05684

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A54

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 8912 Audrey Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARROLL	C.	GORDON	June	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-8-96	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Jobbing	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Gordon	Laura Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	213-10-2234	Clin.Rec.,Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) LOBAR PNEUMONIA OF RIGHT UPPER LOBE	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial, Renal and Splenic Infarcts	Unknown
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

VA

22. I hereby certify that I attended the deceased from 5-29, 1951, to 6-6, 1951, ~~that I last saw the deceased alive on~~, and that death occurred at 3:36 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C B Cope M.D.		VAH Fort Howard, Md.	6-6-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/9/51	Parkwood Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/51	Don	Blight Funeral Home / Mildred J. Blight	6009 Harford Rd., Baltimore, Md. 5/10/24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05685

Reg. Dist. No. 84

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 11
STREET ADDRESS (If rural, give location): 1309 Union Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) W. (Last) GREEN

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-21-89

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Savage, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Green

14. MOTHER'S MAIDEN NAME: Theresa Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 213-09-9015 ~~Unknown~~

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HISTORY OF PNEUMONIA — 3 weeks previously
526X Antecedent cause(s) (a) ACUTE BRONCHITIS: BRONCHIECTASIS — Unknown
PULMONARY EDEMA — Unknown
92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. CALCIFIC DISEASE OF AORTIC VALVE — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to June 17, 1951, that I last saw the deceased alive on June 10, and that death occurred at 10:23 A. m., from the causes and on the date stated above.

SIGNATURE: Albert E. Pugh (Degree or title) — ADDRESS — DATE SIGNED

ALBERT E. PUGH, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/21/51 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/19/51 — REGISTRAR'S SIGNATURE: H. W. Kelruck

24. FUNERAL DIRECTOR — ADDRESS: Paul Chenoweth Funeral Home 3615 Chestnut Ave., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

05686

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Fifth Avenue Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Craigsville Va
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Norman (Last) Gregory
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White.	Married	about 1881	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter		Va.	

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Marie Hoppe.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	Immediate.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
97a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & Enlarged Heart.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. McCarmine M.D.	Deputy Medical Examiner Balto. Co. Dundalk 22 Md	6/25/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6-27-51	Craigsville	Craigsville - Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/51	A W Hedrick	Lilly & Zeeh	403 S Wolfe St

VS. A15A

VJT

510246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05687

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Towson
LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: at home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Towson
STREET ADDRESS (If rural, give location): 133 Dumbarton Road

3. NAME OF DECEASED (Type or Print): (First) ETTA (Middle) SMITH (Last) GRIFFITH

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Abt. Sep-25-1903

9. AGE last birthday: Abt 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Greensboro, N.C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fisher B. Smith

14. MOTHER'S MAIDEN NAME: Mary Ellen Quate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Thos. M. Griffith (husband) 133 Dumbarton Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

445X **Immediate cause** (a) Malignant Hypertension — 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

102 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1951, to 6-5, 1951, that I last saw the deceased alive on 6-5, 1951, and that death occurred at 7:00p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

P. D. Flynn M.D. — 11 E. Chase St — 6-6-51

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 6-8-51 | NAME OF CEMETERY OR CREMATORY: Spring Hill | LOCATION (City, town, or county) (State): Easton, Md.

DATE REC'D BY LOCAL REG.: 6/6/51 | REGISTRAR'S SIGNATURE: R W Hearick | 24. FUNERAL DIRECTOR — ADDRESS: Stewart & Mowen Co., 108-W-North-Av-Balto.

VJT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05688

CERTIFICATE OF DEATH

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

Field	Entry
1. PLACE OF DEATH: COUNTY	Baltimore, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Fort Howard
LENGTH OF STAY (in this place)	3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Veterans Administration Hosp
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	Maryland
COUNTY	
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Baltimore 31
STREET ADDRESS (If rural, give location)	125 Dallas Street
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	JAMES W. HAMILTON
4. DATE OF DEATH (Month) (Day) (Year)	June 1 1951
5. SEX	Male
6. COLOR OR RACE	Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Single
8. DATE OF BIRTH	11-11-11
9. AGE last birthday	39 yrs.
If under 1 year: Months / Days	
If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Raleigh, North Carolina
12. CITIZEN OF WHAT COUNTRY?	USA
13. FATHER'S NAME	William Hamilton
14. MOTHER'S MAIDEN NAME	Lula Emmers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	Yes
(If yes, give war or dates of service)	WW II
16. SOCIAL SECURITY No.	Unknown
17. INFORMANT AND ADDRESS	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia, right middle and lower lobes and left lower lobe.	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fatty Liver	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

490X

108

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 29, 1951, to June 1, 1951, XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX 19XXX, and that death occurred at 4:22 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. PUGH, M.D. A.E. Pugh		VAH, Fort Howard, Md.	6-2-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/5/51	Baltimore National	Frederick Rd. Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/51	[illegible signature]	Elliott Funeral Home.	1129 N. Caroline St. Baltimore, Md.

Dz

504246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

Pre 05689

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home of Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 716 E. North Ave

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) B. (Last) Harris

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 17-1872

9. AGE last birthday: 78 yrs. If under 1 year: Months. If under 24 hrs.: Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: In own home

11. BIRTHPLACE (State or foreign country): Westover Somerset Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sylvester Brandican

14. MOTHER'S MAIDEN NAME: Catherine Bosman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death:

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to June, 1951, that I last saw the deceased alive on June 14, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter T. Reed — ADDRESS Cockeysville Md — DATE SIGNED 6/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 6/19/51 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6/15/51 — REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR — ADDRESS Harr. Cook, St Paul & Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/ A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05690

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; MARYLAND; LENGTH OF STAY (In this place) 2 yrs 3 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Grounds of Sheppard-Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Towson); STREET ADDRESS (If rural, give location) Grounds of Sheppard-Pratt Hospital.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Harvey

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-27-1880

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener

10b. KIND OF BUSINESS OR INDUSTRY: Sheppard-Pratt Hosp.

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Donald Harvey

14. MOTHER'S MAIDEN NAME: Mary Ann MacLellan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 121-24-3630

17. INFORMANT AND ADDRESS: Wife % Sheppard-Pratt Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bowel with metastases. — Interval between onset and death: 4 mos.

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 1951

19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1951, to June 12, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 5:00 a. m., from the causes and on the date stated above.

SIGNATURE Charles Ferris, M.D. (Degree or title) ADDRESS Towson, Md. DATE SIGNED June 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 6-16-1951

NAME OF CEMETERY OR CREMATORY: SOUTH MT. ROADS CEM.

LOCATION (City, town, or county) (State): SOUTH MT. ROADS MD.

DATE REC'D BY LOCAL REG.: 6-13-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. ADDRESS: 4905 YORK RD. BALTO. 12, MD.

100869

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05691

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 13 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 2209 Lynbrook Ave. (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Max (Middle) Hilleard (Last) Hendler

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Jan. 13, 1887

9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sailor — Veterinarian in shop

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Hendler

14. MOTHER'S MAIDEN NAME: Lena Rabinowitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY No. 217-01-9108

17. INFORMANT: Esther Friedman (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (434.1, 932)	(b) Congestive Heart Failure	4 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis - Inactive — 20 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1950, to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 7 45 A.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
T. Rudner | M.D. | Reisterstown, Md. | 6-5-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 6/1951 | NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemty | LOCATION (City, town, or county) Balto Md | (State)

DATE REC'D BY LOCAL REG. 6/6/51 | REGISTRAR'S SIGNATURE D.W. Hedrick | 24. FUNERAL DIRECTOR Sol Levinson & Bro | ADDRESS 1126 W North ave

Dm

590656

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B-2 05692

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VET.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 835 McKim St.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) D. (Last) HEUBECK
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 19 51

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-25-09
9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Contracting Co
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Frank Heubeck
14. MOTHER'S MAIDEN NAME: Elizabeth ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive left cerebral hemorrhage	5½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) History of Hypertension	unknown
331X 95C	(c) Cardiac Dilatation & hypertrophy	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 19 51, to June 15, 19 51, ~~that I last saw the deceased alive on~~ and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE: Walter R Benson (Degree or title) ADDRESS: VETERANS ADMINISTRATION HOSPITAL FT.HOWARD, MD. DATE SIGNED: 6-16-51

WALTER R. BENSON, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/18/51
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Reisterstown Rd. Balto., Md.

DATE REC'D BY LOCAL REG.: 6/18/51
REGISTRAR'S SIGNATURE: H.W. Redinck
24. FUNERAL DIRECTOR: ~~Howard Blight~~ Mildred S. Blight
ADDRESS: 6009 Harford Rd. Baltimore, Md.

564 246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05693

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Towson; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 950 Dulaney Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland; COUNTY Towson; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 950 Dulaney Valley Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Oscar (Last) Hevell

4. DATE OF DEATH: (Month) June (Day) 11th (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 29, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retried

10b. KIND OF BUSINESS OR INDUSTRY: Pressman

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Hevell

14. MOTHER'S MAIDEN NAME: Mary Miesinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-9571

17. INFORMANT: Mr. Wm. R. Hevell, Sr. 950 Dulaney Vly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	2 mo.
422.1 Antecedent cause(s) 131.a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	6 mos
	(c) Arterio-sclerosis	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	—

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1950, to 6-11, 1951, that I last saw the deceased alive on 6-10, 1951, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elmer Moore, M.D. ADDRESS: 3105 Belair Rd. DATE SIGNED: 6-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6-14-51; NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park; LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 6/14/51; REGISTRAR'S SIGNATURE: a w Heaver

24. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road.

VJT

6 90 VV

MARGIN RESERVED FOR BINDING

RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05694

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Hines Rd. & Maglidt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; STREET ADDRESS (If rural, give location) Hines Rd. & Maglidt Ave.

3. NAME OF DECEASED (Type or Print): (First) IDA; (Middle) D.; (Last) HINES

4. DATE OF DEATH: (Month) June; (Day) 22nd,; (Year) 19 51

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 12, 1863

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Amoss Kirkendall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Lawrence Hines, Hines Rd., Fullerton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL DEGENERATION	2 YRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS	10 YRS +
	(c)	

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY — 10 YRS +

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1951, to 6/22, 1951, that I last saw the deceased alive on 6/21, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. W. Macken M.D. 6331 Belair Rd (6) 6/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: June 25, 1951; NAME OF CEMETERY OR CREMATORY: Parkwood; LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 6/25/51; REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Lassahn Funeral Home; ADDRESS: 7401 Belair Rd

VS-A15

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05695

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS George

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 214 St Helena Ave

3. NAME OF DECEASED (Type or Print): (First) Gerd (Middle) H (Last) Holbrook

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 17 1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam fitter retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Holbrook

14. MOTHER'S MAIDEN NAME: Fenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Elizabeth Holbrook 214 St Hel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 24 hours.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a (b) Cerebral arteriosclerosis — 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to May, 19 51, that I last saw the deceased alive on May, 19 51, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bu Bond M.D. 2900 Dundalk Rd. 7 June '51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 9/57 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem | LOCATION (City, town, or county) (State): Balto Co

DATE REC'D BY LOCAL REG.: June 9-1957 | REGISTRAR'S SIGNATURE: Nathan M Kelly Jr.

24. FUNERAL DIRECTOR: Ulrich Funeral Home | ADDRESS: 2112 Dundalk

574246

Item 7 Film G133 7/3/51 wlwl

MARYLAND STATE DEPARTMENT OF HEALTH

05696

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers Island (19); MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO.; STREET ADDRESS (If rural, give location) 131 ALBEMARLE ST. ✓

3. NAME OF DECEASED (Type or Print): (First) HUBERT (Middle) Reynolds (Last) Holden

4. DATE OF DEATH: (Mooth) JUNE (Day) 4 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12/25/1922

9. AGE last birthday: 28 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMAN

10b. KIND OF BUSINESS OR INDUSTRY: SHIPPING

11. BIRTHPLACE (State or foreign country): SAN ANGELO, TEXAS

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: W. T. HOLDEN

14. MOTHER'S MAIDEN NAME: ALINA HANDUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown): YES (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 467-20-9604

17. INFORMANT AND ADDRESS: W.J. HOLDEN - SAN ANGELO, TEXAS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

907.4 **Immediate cause** (a) Fractured Neck (1st & 2nd Cervical Vert.)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

186a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Little Shore (CITY OR TOWN) Millers Island (COUNTY) Balto (STATE) Md.

TIME OF INJURY (Month) JUNE (Day) 4 (Year) 1951 (Hour) 4:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? Dived into 2 ft Water & Struck Head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Bowers MD Dep. Med. Exam. Dundalk Md 6/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF 6/11/51; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State): SAN ANGELO, TEXAS

DATE REC'D BY LOCAL REG. June 5-1951; REGISTRAR'S SIGNATURE William M. Keely Jr.

24. FUNERAL DIRECTOR: Walter Bowers Bradley; ADDRESS: Dundalk, Md

673546

VS. A15A

RECEIVED
JUN 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baeto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 1yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS #5 Maple Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baeto — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) #5 Maple Drive

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) M (Last) Holland

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1952

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Sept 28/1868 | 9. AGE last birthday 83 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William R Sherman | 14. MOTHER'S MAIDEN NAME Mary Colescott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mr Curtis Holland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL DEGENERATION CHRONIC. — Interval Between Onset and Death: 1/2 Yr

196X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomata Right Jaw.--------

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION: 0 | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0 | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 14, 1952., to June, 22 1952., that I last saw the deceased alive on June, 14 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE J. Hoyt Johnson | (Degree or title) M.D. | ADDRESS 6348 Frederick Road, Catonsville Md | DATE SIGNED 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6/26/52 | NAME OF CEMETERY OR CREMATORY East New Market | LOCATION (City, town, or county) Dorchester | (State) Md.

DATE REC'D BY LOCAL REG. 6-24-52 | REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Mac Maitland Son. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05697

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 831 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1526 Orleans Street

3. NAME OF DECEASED (Type or Print): (First) ROBERT; (Middle) B.; (Last) HOLMES

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-17-25

9. AGE last birthday: 26 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto. Repair Shop

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Loenz Holmes

14. MOTHER'S MAIDEN NAME: Ella Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 212-20-0777

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS, BILATERAL, FAR ADVANCED, ACTIVE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002X

13

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to June 23, 1951 and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE: Robert E May (Degree or title) ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 6-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6-26-51; NAME OF CEMETERY OR CREMATORY: Baltimore National; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/25/51; REGISTRAR'S SIGNATURE: W W Hedrick

24. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Avenue Baltimore, Maryland

550 816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05698

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 202 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm. Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3810 Elm Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) HOPKINS

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-3-96

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - Construction Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Floyd, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Osborn Hopkins

14. MOTHER'S MAIDEN NAME: Mary Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 213-03-7364

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) INFARCT, MYOCARDIAL — 14 days

420.1 94a

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) RHEUMATOID ARTHRITIS, GENERALIZED — 30 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.6, 1950, to June 26, 1951, [illegible], and that death occurred at 7:20 A. m., from the causes and on the date stated above.

SIGNATURE: A. E. [illegible] M. D. (Degree or title) — ADDRESS: ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 29/51 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/28/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Austin E. Donovan 3818 Roland Avenue Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05699

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — MARYLAND — LENGTH OF STAY (In this place) 2 1/2 Yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5317 Hutton ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — STREET ADDRESS (If rural give location) 5317 Hutton ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Frank (Last) Hollendorf

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1957

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-2, 1918

9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Gas Electric

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William M. Hollendorf

14. MOTHER'S MAIDEN NAME: Martha Depo Debb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW2

16. SOCIAL SECURITY NO.: 216-05-3783

17. INFORMANT: Mary K Hollendorf 5317 Hutton ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary heart disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr. McKiffen M.D. Attended Balto. 1010 Leadenhall — June 12 57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-15-1957 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG. 6/13/57 — REGISTRAR'S SIGNATURE: C W Redecker

24. FUNERAL DIRECTOR — ADDRESS: G. Howard Strong 3207 W. North Ave.

ST

544566

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Wood 164 M

St Ecclesville

Dr Darrow 11th am

Get birthplace

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05700

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 Westshire Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 421 Westshire Rd

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Josephine (Last) Howe

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 24 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Seibold

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Marianne Zumbrunn

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

422.1 93d (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Jer M. Kieffer M.D. 1010 Leadenhall Bldg Balto 10/0 Leadenhall June 26 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-29-1951 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 6/28/51 | REGISTRAR'S SIGNATURE: D.W. Hedrick | 24. FUNERAL DIRECTOR: John A. Moran | ADDRESS: 3000 E. Baltimore St

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05701

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradale
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8349 Old Philadelphia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 712 N. Curley St.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) (Last) HUGHES

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 30, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Vitak

14. MOTHER'S MAIDEN NAME: Marie Klima

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 219-20-6664 A

17. INFORMANT: Mrs. Marie Schafer, dght, 8349 Old Phila.Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY THROMBOSIS	1 HOUR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DIABETES MELLITUS	1 YEAR
260X 61	(c) ARTERIOSCLEROSIS.	5 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CORONARY THROMBOSIS — 10 MO. AGO

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1949, to JUNE 5, 1951, that I last saw the deceased alive on JUNE 5, 1951, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F Kavanagh M.D 3014 McElderry St Balto Md 6-6-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/9/51

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 6/7/51

REGISTRAR'S SIGNATURE: H W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05702

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place) 57½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Owings Mills, Md.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Humm

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10-27-87

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): inmate

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Lizzie (surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage - coma - rt. arm and leg paralysis — Interval between onset and death: 3 days

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Syncope - attack — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Owings Mills (COUNTY) Baltimore (STATE) Md.

TIME OF INJURY (Month) June (Day) (Year) (Hour) a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18....., 19.51., to 6-21....., 1951., that I last saw the deceased alive on 6-21....., 1951., and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE Isabel H. McClinton (Degree or title) M.D. ADDRESS Owings Mills, Md.

Rosewood State Training School

DATE SIGNED 6-21-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 24, 1951 — NAME OF CEMETERY OR CREMATORY Shub Shalom Cemty — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 6/22/51 — REGISTRAR'S SIGNATURE R W Kedrick

24. FUNERAL DIRECTOR ADDRESS Sol Levinson Bros 1126 W North ave

Dm.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05703

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville, Md.
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Noah E. Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Hunt

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 16, 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carrol Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Flagle

14. MOTHER'S MAIDEN NAME: Suzanne Schaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Thomas Hunt - Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Bronchopneumonia	3 Days.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95C	(b) Cardiac decompensation	2-1945
	(c) Arteriosclerosis general	unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1945 to 6/22, 1951, that I last saw the deceased alive on 6/20, 1951, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bennett A. Stacy M.D. — ADDRESS: Cockeysville — DATE SIGNED: 6/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 25 1951 — NAME OF CEMETERY OR CREMATORY: Glyndale — LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG.: 6/22/51 — REGISTRAR'S SIGNATURE: Wm. J. Schmidt

24. FUNERAL DIRECTOR — ADDRESS: Sanders M. Brooks Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

05704

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Rd. & Park Hgts.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eccelson; STREET ADDRESS (If rural, give location) Valley Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anne (Last) Hymiller

4. DATE OF DEATH: (Month) 6 - (Day) 25 - (Year) 51 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Curren

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Robert Lee Hymiller, Eccelson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis - generalized involving bone and lungs - secondary to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Breast Carcinoma - bilateral.

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1948

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1947

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Right breast - radical mastectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to June 25, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE: Milton Lowman (Degree or title) M.D. ADDRESS 4843 Park Heights Ave Baltimore DATE SIGNED 6/25/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6 - 27 - 51

NAME OF CEMETERY OR CREMATORY: St. Charles

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 6-26-51

REGISTRAR'S SIGNATURE: Dr E Blanchard

24. FUNERAL DIRECTOR: Frank H. Newell, Pikesville

ADDRESS: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05705

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 7-5

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Hillside Avenue

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) E. (Last) Jackson

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-9-1904

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cockeysville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence Edgar Jackson

14. MOTHER'S MAIDEN NAME: Rosa Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Rosa Jackson, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 5 hrs.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1951, to June 23, 1951, that I last saw the deceased alive on June 23, 1951, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS: Cockeysville, Md DATE SIGNED: June 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 6-27-51 | NAME OF CEMETERY OR CREMATORY: Basil AME | LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE REC'D BY LOCAL REG. 6/25/51 | REGISTRAR'S SIGNATURE: Wm. J. Whitcraft

24. FUNERAL DIRECTOR ADDRESS: Landon M. Brooks, Sparks, Md

Item 9 FilmGo33 7/5/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05706

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson; LENGTH OF STAY (in this place): 1 mo. 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 24; STREET ADDRESS (If rural, give location): 412 S. Lehigh St

3. NAME OF DECEASED (Type or Print): (First) Koula (Middle) (Last) John

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married

8. DATE OF BIRTH: July 27 1902

9. AGE last birthday: 48 48 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Georgeow

14. MOTHER'S MAIDEN NAME: Leow Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Personal History- Hospitall Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of The Liver	3 mo
156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 467	(b) Secondary Cause - pulmonary Tuberculosis	1946
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 19 51, to 6-23, 19 51, that I last saw the deceased alive on 6-22, 19 51, and that death occurred at 7:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William A Bridges M.D., Eudowood Sanatorium, Towson 4, Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-26

NAME OF CEMETERY OR CREMATORY: Greek Cemetery

LOCATION (City, town, or county) (State): Windsor Mill Rd.

DATE REC'D BY LOCAL REG.: 6/26/51

REGISTRAR'S SIGNATURE: A W Adams JT

24. FUNERAL DIRECTOR: Lambros Inc.

ADDRESS: 440 E. North Av. Balto #18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05708

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 82 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25
STREET ADDRESS (If rural, give location) 4902 Ritchie Highway ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) V. (Last) JOHNSON
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	2-9-15	36 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician - Electric
10b. KIND OF BUSINESS OR INDUSTRY: Company
11. BIRTHPLACE (State or foreign country): Memphis, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Johnson
14. MOTHER'S MAIDEN NAME: Birdie Royon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 216-12-4719
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) RECURRENT CARCINOMA OF SMALL INTESTINE	1½ years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

152X
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 28, 1951, to June 18, 1951, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Joseph M. Miller (Degree or title) ADDRESS DATE SIGNED

A.C.P. JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. 6-18-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/21/51	Cedar Hill Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/51	H. W. Hedrick	William Cook	St. Paul & Preston Sts. Baltimore, Maryland

575 586

MARYLAND STATE DEPARTMENT OF HEALTH

05707

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Bloomsbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 104 Bloomsbury Ave

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) Shumate (Last) Johnston

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 7 1904

9. AGE last birthday: 47 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gaston A. Shumate

14. MOTHER'S MAIDEN NAME: Victoria Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Taylor E. Johnston Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of breast with metastases — 2 yrs.

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to 2 June, 1951, that I last saw the deceased alive on 2 June, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: John A Nesbitt, Jr. (Degree or title) M.D. ADDRESS: 20 E. Preston St, Baltimore 2, Md DATE SIGNED: 4 June '51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6-5-51 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Woodlawn Balto Co. Md

DATE REC'D BY LOCAL REG.: 6-5-51 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: George A Farley — ADDRESS: Catons. 28 Md

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05709

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADSHAW-(rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADSHAW- rural
STREET ADDRESS (If rural give location) U.S. Route 40 next to Belgian Village

3. NAME OF DECEASED (Type or Print): (First) Alma (Middle) F (Last) JONES

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 1, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE CO. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS R. FITZELL

14. MOTHER'S MAIDEN NAME: REBECCA LOH MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MM. E. JONES JR. BRADSHAW MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia - Circulatory Failure	
175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 49a	(b) CARCINOMA of the OVARY with	
	(c) Multiple metastases	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites - Low Grade Intestinal Obstruction

19a. DATE OF OPERATION: Sept. 10, 1949

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Ovaries

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2nd, 1949, to June 30, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 10 58 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John F. Noguera, M.D. Kingsville - Md. 6/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: JULY 2, 1951

NAME OF CEMETERY OR CREMATORY: OAK LAWN

LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG. 7-2-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME ADDRESS 2006 ORLEANS ST

MARYLAND STATE DEPARTMENT OF HEALTH

05710

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 5 mths., 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILSON		JONES	June	14,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	July 13, 1873	77 yrs.	11	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
oyster packer	seafood	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Jones	Martha Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	?	Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteriosclerotic heart disease	several yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic interstitial nephritis 420.0 1312	" "
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized arteriosclerosis	" "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 6, 1951, to June 14, 1951, that I last saw the deceased alive on June 14, 1951, and that death occurred at 4.10 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ethel B. Herrmann-Grewe	M.D.	Spring Grove Hosp. Catonsville	6/14/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16, 1951	Broomes Island Cem.	Broomes Island, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-14-51	E. Harry	A. G. Harkness & Son - Mutual Funeral	

64026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05711

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessington
LENGTH OF STAY (In this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 4205 Fordham Rd

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Raymond (Last) Kaufman

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/8/85

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Meats

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry C. Kaufman

14. MOTHER'S MAIDEN NAME: Annie Braun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Christine Kaufman (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 30 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1951, to 6-17, 1951, that I last saw the deceased alive on 6-17, 1951, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE: J. Nelson Carey (Degree or title) — ADDRESS: 1014 St. Paul St, Balto, 2 — DATE SIGNED: 6/25/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 6/26/51 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 6/25/51 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Geo. L. Beyer Jr. — ADDRESS: 1512 Hollins St Baltimore 23 Md

V.S.T.

240 636

MARYLAND STATE DEPARTMENT OF HEALTH

05712

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Police

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; STREET ADDRESS (If rural, give location) Westminster Pike

3. NAME OF DECEASED (Type or Print): (First) Alvie (Middle) M (Last) KEENEY

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: May 24, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Employed by contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Keeney

14. MOTHER'S MAIDEN NAME: Margaret R.Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 216-07-3837

17. INFORMANT: Richard Keeney Baltimore 29,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral edema

3222 772 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley K. Dunlacker M.D. 700 Fleet St., Baltimore 2, Maryland June 12, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 14,1951

NAME OF CEMETERY OR CREMATORY: Finksburg Cem.

LOCATION (City, town, or county) (State): Finksburg,Md.

DATE REC'D BY LOCAL REG. 6-13-51

REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F.Eline & Sons,Reisterstown,Md.

510246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05714

CERTIFICATE OF DEATH

Reg. Dist. No. 4v

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne (Rural); LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2901 Vermont Ave. English Council

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne (Rural)
STREET ADDRESS (If rural, give location) 2901 Vermont Ave., English Council

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OLIVER	C.	KEENEY	June	13	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	Married	Nov. 22, 1876	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piano Tuner
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Granite, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph C. Keeney
14. MOTHER'S MAIDEN NAME: Nancy Elizabeth Locke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Oliver C. Keeney; 2901 Vermont Ave., English Council Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	14 hrs.
331X Antecedent cause(s)	(b) Arteriosclerosis	?
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility	>

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/12, 1951, to 6/13, 1951, that I last saw the deceased alive on 6/13, 1951, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) DC Marc Langlelin ADDRESS 4508 Edmondson Village DATE SIGNED 6/13/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16, 1951	Glen Haven	Glen Burnie, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 17	[signature]	T. W. Singleton,	Glen Burnie, Md.

572 817

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2c 05715

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 401 E.Lorraine Ave.

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) C.J. (Last) KEHOE

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-5-89

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kehoe

14. MOTHER'S MAIDEN NAME: Pauline Crew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 212-10-7682

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
83a

Immediate cause (a) Bilateral Pulmonary Emboli from rt. iliac vein thrombosis — Interval between onset and death: Less than 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Massive cerebral hemorrhage, rt. — 3 wks.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1951, to June 16, 1951, ~~that I last saw the deceased~~ ~~BEFORE DEATH~~ and that death occurred at 9:07 P m., from the causes and on the date stated above.

SIGNATURE: F.E. Poole, M.D. (Degree or title) ADDRESS: FRANK E. POOLE, M.D. VETERANS ADMINISTRATION HOSPITAL FT. HOWARD, MD. DATE SIGNED: 6-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/19/51 — NAME OF CEMETERY OR CREMATORY: Balto.National Cemetery — LOCATION (City, town, or county) (State): 5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG.: 6/18/51 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Wm.J.Tickner North & Penna.Ave.Balto.Md.

Wm. J. Tickner & Son Mack-Pa Balto Md 49567

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05716

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2309 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2309 Poplar Drive

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) S (Last) KELBAUGH

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 24, 1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George T. Warfield

14. MOTHER'S MAIDEN NAME: Mary C. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Willard Kelbaugh - 2309 Poplar Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocardial Degeneration — 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

422.2
93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1936, to June 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joshua H. Armacost M.D. — 6419 Windsor Mill Rd Baltimore 7 Md. — June 6 1951

22. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/7/51 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE RECD BY LOCAL REG.: 6/6/51 — REGISTRAR'S SIGNATURE: D. W. Rahn — 24. FUNERAL DIRECTOR: Wm. J. Tichner & Sons — ADDRESS: Balto Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05717

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 26 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2948 Edgewood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2948 Edgewood Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Keller

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 22, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postman (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Keller

14. MOTHER'S MAIDEN NAME: Christina Bach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary M. Keller-2948 Edgwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — Interval between onset and death: 3 days.

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1932, to 6-14....., 1951, that I last saw the deceased alive on 6-16-, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. W. Peake M.D. ADDRESS 4508 Harford Rd. Balto 14, Md. DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF June 19, 1951 — NAME OF CEMETERY OR CREMATORY Moreland Memorial — LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 6/18/51 — REGISTRAR'S SIGNATURE C. M. Bacon.

24. FUNERAL DIRECTOR James S. Evans — ADDRESS 8802 Harford Rd

Evans Funeral Home 390406

VS. AD T

Dr. C. W. Peake
4508 Harford Rd.

748

Md. State ~~BALTIMORE CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH

05718

Registered No. 42

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WAYNE ANTHONY KEYDASH.

2. DATE OF DEATH: 6-19-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Asbutus
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1256 VOGT AVE.
C. Length of stay in Baltimore: 2 Yrs. Mos. ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1256 VOGT AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W.	(IN FANT.)	~~April~~ 6-1951	—	2 / 12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): IN FANT.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE CITY MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANTHONY KEYDASH.

14. MOTHER'S MAIDEN NAME: MARY STRANZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO.

16. SOCIAL SECURITY NO.: none.

17. INFORMANT: Anthony Keydash. ADDRESS: 1256 Vogt Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Spina bifida

DUE TO

(B) Hydrocephalus

751X ANTECEDENT CAUSES

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6, 1951, *to* 6/19, 1951, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward L. Frayer, M. D.

23B. ADDRESS: W. Read St.

23C. DATE SIGNED: 6/19/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/20/51

24C. NAME OF CEMETERY OR ~~CREMATORY~~: Loudon Park

24D. LOCATION (City, town, or county) (State): Frederick Ave Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 20 1951

REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Charles W. Kachamakus 703 McHenry St.

Geo. S. McKieber

VS 150

20406124240 5

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. The correct age is especially important. Please write the causes of death clearly and legibly.

RESERVED FOR BINDING

3/51-07821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05719

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto C. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge | LENGTH OF STAY (in this place) | MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 228 Dunkirk Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 228 Dunkirk Road

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Joseph (Last) King

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/17/02

9. AGE last birthday: 48 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transportation Analyst

10b. KIND OF BUSINESS OR INDUSTRY: Comm Motor Vehicles

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME .....

14. MOTHER'S MAIDEN NAME .....

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Henry Joseph King 228 Dunkirk Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	16 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16, 1951, to 6-17, 1951, that I last saw the deceased alive on 6-17, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE P. D. Flynn (Degree or title) M.D. ADDRESS 11 S. Chase St DATE SIGNED 6-19-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 20, 1951 | NAME OF CEMETERY ~~OR CREMATORY~~ Cathedral | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/20/51 | REGISTRAR'S SIGNATURE D. W. Haduck | 24. FUNERAL DIRECTOR H. H. Mears & Son ADDRESS 805 N. Calvert Street

380436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05720 38
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY Towson MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Dunkirk Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 318 Dunkirk Rd.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Edward (Last) Krause

4. DATE OF DEATH (Month) June (Day) 10 (Year) 19 57

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 5, 1886
9. AGE last birthday 71 yrs.
If under 1 year Months Days
If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY U.S. Postmaster
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John F. Krause
14. MOTHER'S MAIDEN NAME Kate E. Winkelbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Ida B. Krause 318 Dunkirk Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 hr. 40 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Undetermined

420.1 93d (c) Arteriosclerotic Cardiovascular Renal — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 19 57, to June 10, 19 57, that I last saw the deceased alive on June 10, 19 57, and that death occurred at 12:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Howard L. Zepp M D June 11, 19 57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/12/57
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 6/12/57
REGISTRAR'S SIGNATURE A W Adams
24. FUNERAL DIRECTOR Linard J. Rauch ADDRESS 5305 Harford Rd.

ST

27906

MARYLAND STATE DEPARTMENT OF HEALTH

Be 05721

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 04

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 1206 Nolan Court

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) LANE
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/1/1904
9. AGE last birthday: 47 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Skilled - Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Goldsboro, N. C.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Lane
14. MOTHER'S MAIDEN NAME: Maria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 163-079-254
17. INFORMANT: Hazel Lane, 1206 Nolan Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery sclerosis

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley K. Dunbaugh M.D. 700 Fleet St., Baltimore 2, Md. June 13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Interment | DATE THEREOF 6/15/51 | NAME OF CEMETERY OR CREMATORY L.F. Lightner Cemetery | LOCATION (City, town, or county) Goldsboro. | (State) N. C.

DATE REC'D BY LOCAL REG. 6/14/51 | REGISTRAR'S SIGNATURE L | 24. FUNERAL DIRECTOR ADDRESS Robert L. Young 1532 E. Monument St Balto. (5) Md. 70336

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05722

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 7-45

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Eastwood~~ ~~Balto~~ — LENGTH OF STAY (in this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 513 45th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Co.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Lang

4. DATE OF DEATH: (Month) 6-18-51 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-10-73

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Mathais Fisher

14. MOTHER'S MAIDEN NAME: Barbara ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph Lang 513 45th Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy — 3 days

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 7 yrs

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-44, 19..... to 6-18-51, 19....., that I last saw the deceased alive on 6-18-51, 19....., and that death occurred at 8:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Haverman MD — ADDRESS 1710 E. 33rd St — DATE SIGNED 6-19-51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF 6-21-51 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) (State) Baltimore Co.

DATE REC'D BY LOCAL REG. 6/20/51 — REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler, Inc. 403 S. Wolfe Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05723

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1 S. Linwood Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) L. (Last) LA ROSE

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-22-88

9. AGE last birthday: 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glass Beveler

10b. KIND OF BUSINESS OR INDUSTRY: Glass

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony LaRose

14. MOTHER'S MAIDEN NAME: Louise Cuneo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MASSIVE RETROPERITONEAL HEMORRHAGE	Less than 24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) LARGE ARTERIOSCLEROTIC ANEURYSM OF ABDOMINAL AORTA	Unknown
	(c)	

451X
96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1951, to June 28, 1951, [illegible] and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE: A. E. PUGH, M.D. (Degree or title) ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. (ADDRESS) DATE SIGNED 6-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/2/51 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: June 30-1951 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Moran Funeral Home ADDRESS: 3000 E. Baltimore St. Baltimore, Maryland

690316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 05724

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.
LENGTH OF STAY (In this place) 85 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural, give location) 542 Dolphin Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LITTLETON	(NMI)	LAWSON	June 1 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	5-31-89	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Postal employee (unemployed)		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hezekiah Lawson	Elizabeth Rich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	216-09-7454	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CARCINOMA OF STOMACH	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

151X
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 8, 1951, to June 1, 1951, [redacted] and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE I. Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-1-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/5/51	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/51	H.W. Hedrick	Joseph L. Russ	1200 McCulloh Street, Baltimore, Maryland 33570

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Be 05725

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 269 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 800 W. Lexington Street

3. NAME OF DECEASED (Type or Print): (First) IRVING (Middle) (NMI) (Last) LEE

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-14-90

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Lee

14. MOTHER'S MAIDEN NAME: Mary Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple subcutaneous tuberculous abscesses;	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculous peritonitis; Tuberculosis of sternum and ribs; Tuberculous adenitis.	1 yr
	(c) None	

019.2
015

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1950, to June 1, 1951, ~~[illegible]~~ the deceased ~~[illegible]~~ and that death occurred at 4:07 A. m., from the causes and on the date stated above.

SIGNATURE: A.E. Pugh. — (Degree or title): A.E. PUGH, M.D. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 6-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 6/6/1907 — **NAME OF CEMETERY OR CREMATORY:** Baltimore National — **LOCATION (City, town, or county) (State):** Frederick Rd. Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/5/51 — **REGISTRAR'S SIGNATURE:** [illegible]

24. FUNERAL DIRECTOR: Katie R. Williams — **ADDRESS:** 322 N. Schroeder St. Balto.

Mrs Katie R Williams 322 N Schroeder St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05726

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3304 Woodland Ave

3. NAME OF DECEASED (Type or Print): (First) GLADYS (Middle) I. (Last) LEWIS

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.

8. DATE OF BIRTH: July 8 1897

9. AGE last birthday: 53 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Carey

14. MOTHER'S MAIDEN NAME: Lillie M. Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John W Lewis 3304 Woodland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — **Immediate cause** (a) CEREBRAL HEMORRHAGE ("STROKE") — 2 WEEKS

83a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) GENERALIZED ARTERIOSCLEROSIS. — YEARS
(c) SENILITY.....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 18, 1951 to JUNE, 27, 1951; that I last saw the deceased alive on JUNE, 26, 1951, and that death occurred at 8. A. m., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson M.D. (Degree or title) — ADDRESS: 610. FREDERICK ROAD. CATONSVILLE MD — DATE SIGNED: JUNE, 28, 51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 30/51 — NAME OF CEMETERY OR CREMATORY: Glen Haven Memorial — LOCATION (City, town, or county) (State): Glen Burnie Maryland

DATE REC'D BY LOCAL REG.: 6/29/51 — REGISTRAR'S SIGNATURE: A W Bedner — NT

24. FUNERAL DIRECTOR — ADDRESS: Loring Byers 5005 Ft. Hyatt Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05727

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 18
STREET ADDRESS (If rural, give location): 103 E. 32nd Str. ✓

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Marie (Last) Lockwood

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 6. 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Nicolai

14. MOTHER'S MAIDEN NAME: Mary Rose Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis with Bronch. asthma. — Interval between onset and death: (a) Many years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
002X
13 b
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1950, to June 22, 1951, that I last saw the deceased alive on June 22, 1951, and that death occurred at 5.30 p.m., from the causes and on the date stated above.

SIGNATURE: William A Bridge (Degree or title) M.D.
ADDRESS: Eudowood Sanatorium, Towson 4, Maryland
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/26/51
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville Md.

DATE REC'D BY LOCAL REG.: 6/25/51
REGISTRAR'S SIGNATURE: W W Hedrick
24. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 St. Paul st.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05728

CERTIFICATE OF DEATH

Reg. Dist. No. 4f

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 202 S. Robinson Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) C. LUBIN (Also Smiarowski) (Last)

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-20-24

9. AGE last birthday: 27 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Lubin

14. MOTHER'S MAIDEN NAME: Elizabeth Smiarowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 217-16-8842

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) FAR ADVANCED ACTIVE PULMONARY TUBERCULOSIS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
136

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. TUBERCULOUS ENTERITIS — UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1951, to June 28, 1951, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. PUGH, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/30/51
NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/29/51
REGISTRAR'S SIGNATURE: a W Hedrick

24. FUNERAL DIRECTOR: George A. Weber
ADDRESS: 705 S. Ann Street, Baltimore, Maryland

JT

MARYLAND STATE DEPARTMENT OF HEALTH

05729

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18
STREET ADDRESS (If rural, give location) 2934 Greenmount Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
DANIEL	J.	LYONS, SR.	June 20 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	8-8-07	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank A. Lyons, Sr.
14. MOTHER'S MAIDEN NAME: Catherine Shortan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HISTORY OF GASTROINTESTINAL HEMORRHAGE; MULTIPLE TINY ULCERS OF STOMACH AND SMALL HEMORRHAGE IN GASTRIC MUCOSA — 3 days

540.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

128

(b) UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Fatty liver 2. Acute cloudy swelling of kidneys 3. Pulmonary & cerebral edema 4. Chronic pancreatitis and lithiasis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: Unknown | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Nicarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md. 6-20-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/22/51	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/21/51 | REGISTRAR'S SIGNATURE A.D. Hedrick

24. FUNERAL DIRECTOR ADDRESS: VernonLemmon Funeral Home 4611 Park Heights Ave., Baltimore, Md.

340416

#8. Evidence shown on Film G133 6/15/51 jt.
Affidavit of informant

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05730

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sulphur Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3554 Benzinger Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	E	Machin	June 11 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Aug. 15, 1888	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Interior Dec.	Self	Annapolis Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Machin	Tillie Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Clarence Machin 3554 Benzinger Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420,1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title)	ADDRESS	DATE SIGNED
Geo. M. Kieffer M.D. Stamp Balto Co	1010 Leadenhall	June 15 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/14/51	Mt. Olive Cem.	Randalstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15 51	Geo. M. Kieffer	John T Stansbury	2700 Edmondson Ave.

5140

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05731

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5201. Kenwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 5201. Kenwood Ave

3. NAME OF DECEASED (Type or Print): (First) H. (Middle) Clifton (Last) McCormick

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19[illegible]

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Apr. 10-1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own. Farm

11. BIRTHPLACE (State or foreign country): Balto. Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander McCormick

14. MOTHER'S MAIDEN NAME: Martha Councilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mr. Henry Mann 2622 Evergreen Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot Wound Thru' Head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (44 CAL. Pistol)

(c)

976X

164C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Raspeburg — (COUNTY) Balto — (STATE) Md

TIME OF INJURY (Month) 6 (Day) 22-51 (Year) (Hour) 10:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Shot self thru Head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

W. L. Davis M.D. Capt. Med. Examiner Dundalk Md 6/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment — DATE THEREOF 6/25/51 — NAME OF CEMETERY OR CREMATORY Parkwood Cemmansetown — LOCATION (City, town, or county) Balto — (State) Md.

DATE RECD BY LOCAL REG. 6/25/51 — REGISTRAR'S SIGNATURE A.W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS Lonalm Funeral Home 2401 Belair Rd.

VS/A15A T

VT

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05732

CERTIFICATE OF DEATH

Reg. Dist. No. 4 L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middlesex | LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middlesex Md.
STREET ADDRESS (If rural, give location) 154. Kingston Road.

3. NAME OF DECEASED (Type or Print): (First) Gene (Middle) H. (Last) Mc. Cubbin
4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 27. 1866
9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer of Railroad
10b. KIND OF BUSINESS OR INDUSTRY: Sparrow Point
11. BIRTHPLACE (State or foreign country): Carroll County Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Horace J. Mc. Cubbin
14. MOTHER'S MAIDEN NAME: Lillian Spurrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: Lillian V. Mc. Cubbin Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Anoxia	36 hrs
181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 526	(b) Hemiplegia of Bladder	4 1/2 mos.
	(c) Carcinoma of Bladder	8 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis ; Ca of Prostate	?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1951, to 6/25, 1951, that I last saw the deceased alive on 6/24, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. Jay Platt, M.D. 434 Eastern Ave., Balto, Md. 6/25/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 6/29/1951 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial | LOCATION (City, town, or county) (State): taylor ave. Md.

DATE REC'D BY LOCAL REG. 6-28-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Wendell Hoppel 313 S. Highland Ave

5411506

MARYLAND STATE DEPARTMENT OF HEALTH

05733

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 3yrs + 4mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2532 Lanvale St.

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) (Last) McDonough

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City N.Y.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Gallagher

14. MOTHER'S MAIDEN NAME: Ellen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Failure	24 hours
782.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Cachexia	6 mos
162a	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis	3yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to June 25 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 7.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John P. Risley MD — ADDRESS: Spring Grove State Hospital — DATE SIGNED: June 25, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Cremate — DATE THEREOF: 6/27/51 — NAME OF CEMETERY OR CREMATORY: Calvary — LOCATION (City, town, or county) (State): New York N.Y.

DATE REC'D BY LOCAL REG. 6/26/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Wm Cook Inc 1217 St. Paul St.

720826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 05734

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 16 yrs., 8 mths., 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1501 Aisquith St.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) McLAIN (McClain)

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Mar. 27, 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months 2, Days 25. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank McLain

14. MOTHER'S MAIDEN NAME: Minnie Wamback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	1 hr.
434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute cardiac decompensation	1 hr.
95C	(c) Pulmonary pathology, etiology undetermined	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1951, to June 21, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B Herrmann-Green MD

ADDRESS: Spring Grove State Hospital, Catonsville 28, Md.

DATE SIGNED: 6-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-25-51

NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 6/22/51

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Edward V. Conklin

ADDRESS: 924 E. Eager St.

680 W

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05735

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton.
STREET ADDRESS (If rural, give location) Corbett Road

3. NAME OF DECEASED (Type or Print): (First) Fanny (Middle) King (Last) McLane

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 12, 1869

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No occupation

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hattison McLane

14. MOTHER'S MAIDEN NAME: Fanny King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	5 days.
443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive - Arteriosclerotic	6 years
	(c) Cardio-vascular disease	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to June, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elizabeth B. Sherrill	M.D.	Cockeysville, Md.	6/28/51

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	6-30-1951	ST. THOMAS'	GARRISON	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/29/51	R W Hedrick	H.W. JENKINS & SONS CO.	4905 YORK RD. BALTO. 12, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

05736

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 73 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monroe; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) R. (Last) MC MANUS

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 3-4-18

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Store

11. BIRTHPLACE (State or foreign country): Monroe, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert McManus

14. MOTHER'S MAIDEN NAME: Mamie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED, ACTIVE — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from April 11, 19 51, to June 23, 19 51, [illegible] and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE: Thomas W. Mary MD (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 6/29/51 | NAME OF CEMETERY OR CREMATORY: Private Plot | LOCATION (City, town, or county) (State): Monroe, N.C.

DATE REC'D BY LOCAL REG.: 6/25/51 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: Charles R. Law 802 Madison Ave., Balto. Md.

Shipped to F.A.Crowell & Co. 309 N. Church St., Monroe, N.C.

490657

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05737

Reg. Dist. No. 4 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 421 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Kesswick & 33rd Streets

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) (NMI) (Last) MERSON

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married-Sep.

8. DATE OF BIRTH: 5-28-00

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Golf Caddy (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie Merson

14. MOTHER'S MAIDEN NAME: Rosie Kleggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-05-5928

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY INFARCT — UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) THROMOPHLEBITIS LEFT FEMORAL VEIN — 24 HOURS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS, BILATERAL, FAR ADVANCED — UNKNOWN

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1950, to June 27, 1951, that I last saw the deceased [illegible] and that death occurred at 4:10 A. m., from the causes and on the date stated above.

SIGNATURE: A. E. Fuchs, M. D. (Degree or title) — ADDRESS: ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — DATE SIGNED: 6-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 30/51 — NAME OF CEMETERY OR CREMATORY: St.Mary's,Hampden — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-28-51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Austin E. Donovan 3818 Roland Avenue Baltimore, Maryland

73285

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Bc 05738

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 22 S Kresson

3. NAME OF DECEASED (Type or Print): (First) Reid (Middle) (Last) Miller

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 13 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cold Strip Shipper

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marshall Miller

14. MOTHER'S MAIDEN NAME: Rebecca Reece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Anna Miller 22 S Kresson St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive Cardio-Vascular Disease - 3-4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

J K Davis MD Dept. Med. Exam. Dundalk Md 6/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 25/51 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) (State) Balto Co

DATE REC'D BY LOCAL REG. 6/25/51 | REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR | ADDRESS Uhler Funeral Home 2004 Eastern

690336

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH Re 05739

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) MARYLAND 2 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Auburn Swimming Pool

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS 4513 Weitzel Ave. (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Le Roy (Middle) Gordon (Last) Mills

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 8-9-1935

9. AGE last birthday: 15 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gordon A. Mills

14. MOTHER'S MAIDEN NAME: Mary Jennings Weiss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. G.A. Mills - 4513 Weitzel Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation, drowning, accidental — Interval between onset and death: Sudden 6/3/51

929.4 Antecedent cause(s) Disease or conditinns, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) Balto (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Collins Hudson M.D., D.M.E. Towson Md 6/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/6/51

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 6/4/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS L. J. Ruck 5305 Harford Rd.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05740

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1-1

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeberg
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 Old Home Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeberg
STREET ADDRESS (If rural, give location) 406 Old Home Rd.

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) M. (Last) Mogg

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 13th 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales lady

10b. KIND OF BUSINESS OR INDUSTRY: Woolworth & Co.

11. BIRTHPLACE (State or foreign country): Balto. City Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. J. Smith

14. MOTHER'S MAIDEN NAME: Emma M. Henkel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-22-0177

17. INFORMANT AND ADDRESS: Jack Mogg 406 Old Home Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Arteriosclerotic - hypertensive Heart Disease	5 yr.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1947, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Adam G. Lewis M.D. 6232 Belair Rd. June 2, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6/4/51

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. June 2-51

REGISTRAR'S SIGNATURE Mrs. A. L. Riley

24. FUNERAL DIRECTOR Lanahan Funeral Home ADDRESS 710 Belair Rd.

440 647

Pr. H. Swiss

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05741

Reg. Dist. No. 35-

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall — LENGTH OF STAY (in this place) 3 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mabel	Dayton	Moorey	June	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	July 19 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Traine Nurse	Private Duty	Goshen - New York	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
— Dayton	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		192-26-7696	Mary C. Eppers White Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 8 hrs.

420.1 **Antecedent cause(s)**

940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1951, to June 12, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. M. France	M.D.	Parkton Md	6/13/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 15 1951	Loudon Park	Baltimore	Md

DATE REC'D BY LOCAL REG'R	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13-51	Mrs. Howard S. Markline	Howard S. Markline	White Hall, Md

VS. A15

05-8868

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05742

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 73 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1520 E. Pratt St.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) (NMI) (Last) NEAL

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married-Sep.

8. DATE OF BIRTH: 2-8-86

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevador (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY: Longshoreman

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Neal

14. MOTHER'S MAIDEN NAME: Georgiana Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-03-044

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ENCEPHALOMALACIA OF LEFT CEREBRAL CORTEX; LARGE CYST OF LEFT CEREBELLAR LOBE; CEREBRAL EDEMA; CACHEXIA — UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — "

(c)

223X

56d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1951, to June 26, 1951, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE: A. E. PUGH, M.D. (Degree or title) | ADDRESS: ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. | DATE SIGNED: 6-27-51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 6/29/51 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/28/51 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Charles R. Law | ADDRESS: 802 Madison Avenue, Baltimore, Maryland

94054

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05743

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Putty Hill
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Putty Hill
STREET ADDRESS (If rural, give location): Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) F. (Last) Necker

4. DATE OF DEATH: (Month) JUNE (Day) 4 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 5, 1863

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Cont Sand & Gravel Co.

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jos. Necker

14. MOTHER'S MAIDEN NAME: Catherine Krastel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — If yes, give war or dates of service:

16. SOCIAL SECURITY NO.: Employee

17. INFORMANT AND ADDRESS: Mr. Edward G. Necker, Maglidt.Ave. Fullerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

932 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Soars MD Dundalk Md 6/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/7/51

NAME OF CEMETERY OR CREMATORY: St. Josephs Cem.

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 6/5/51

REGISTRAR'S SIGNATURE: D.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

763626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05744

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Arm Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm; STREET ADDRESS (If rural, give location) Glen Arm Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Newton

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb. 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Downes

14. MOTHER'S MAIDEN NAME: Underwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Gladys R. Craig, Glen Arm, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 36 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease 7 yrs

(c) General Arteriosclerosis

420.0

932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1947, to June 30, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson M.D. ADDRESS Fork, Md. DATE SIGNED 7/1/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE July 3, 1951 NAME OF CEMETERY OR CREMATORY Parkwood Cem. LOCATION (City, town, or county) (State) Parkville Md.

DATE REC'D BY LOCAL REG. 7/7/51 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR John Bourne Jones ADDRESS Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05745

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland
LENGTH OF STAY (In this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Harrison (Last) Norris.-

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1951.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 3, 1888.

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Pylesville, Md.-

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Thomas Norris.

14. MOTHER'S MAIDEN NAME: Joanna Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.- (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 166-12-4438

17. INFORMANT AND ADDRESS: Mrs. Mary Norris Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis chronic decompensating

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Secondary anemia

INTERVAL BETWEEN ONSET AND DEATH

422.2

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17-, 19.., to 6-25-, 19.., that I last saw the deceased alive on 6-23-, 19.., and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF: June 28, 1951

NAME OF CEMETERY OR CREMATORY: Stewartstown

LOCATION (City, town, or county) (State): Stewartstown, Penna.

DATE REC'D BY LOCAL REG.: June 28 1951

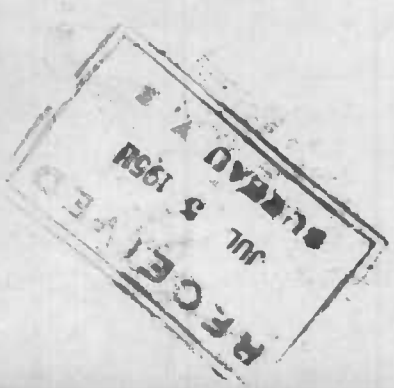
REGISTRAR'S SIGNATURE: Charles F. Preston

24. FUNERAL DIRECTOR: J. Jacob Hartenstein

ADDRESS: New Freedom, Penna.

690468

Dr. Laffelli - Reisterstown -



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

05746

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 15 yrs., 2 mths., 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 2033 Ridghill Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	SYLVESTER	BERNARD	PARRISH		June	1,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	single	March 2, 1885	66 yrs.	2	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Parrish	Virginia Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute myocardial failure	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary insufficiency	
94a (c) Obesity	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 14, 1950, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

SIGNATURE J. P. Risley (Degree or title) M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 6-1-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/4/51	Lorraine	Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/51	Howard Hedrick	Wm. Cook Inc	1217 St. Paul St

1 Dom

2411
Def Def
Charles - Left Side

MARYLAND STATE DEPARTMENT OF HEALTH

05747

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
STREET ADDRESS (If rural, give location) Mount Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Philpot

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 5 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Philpot

14. MOTHER'S MAIDEN NAME: Sadie E. Catrup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-05-5152

17. INFORMANT AND ADDRESS: Wife - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 3 wks

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Uncertain

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to June, 1951, that I last saw the deceased alive on 6 June, 1951, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 6 June 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-9-1951 | NAME OF CEMETERY OR CREMATORY: Poplar Grove | LOCATION (City, town, or county) (State): Cockeysville Md.

DATE REC'D BY LOCAL REG.: June 6/51 | REGISTRAR'S SIGNATURE: Wm. J. Schildcout | 24. FUNERAL DIRECTOR ADDRESS: Sandon M. Brooks, Sparks, Md

350756

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05748

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Beaumont Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 105 Beaumont Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	IDA	LOUISE	POWERS		June	24,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Mln.
female	white	Widowed	Dec. 25, 1882	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? Leifert

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. — m

17. INFORMANT AND ADDRESS Mr. Roger C. Powers, Jr. 5 Melvin Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach	
	(c)	

151
46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/1/51	Inoperable Carcinoma of Stomach	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/24, 1950, to 6/24, 1951, that I last saw the deceased alive on 6/20, 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) O H Crowther ADDRESS 4209 Hud. Ave DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/27/51	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/25/51	A W Hedrick VJ	Wm. J. Dickey & Son	Balto Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05749

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park; MARYLAND; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS Rt 16 (If rural, give location) Box 550 1/2

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) ANNA (Last) Poxleitner

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Jan 9 1902

9. AGE last birthday: 49 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harrison T Bostwick

14. MOTHER'S MAIDEN NAME: Louise Westland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Ca c severe anemia. — Interval Between Onset and Death: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site stomach — 6 mos

(c) —

15 IX 46 b

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 6-20-47

19b. MAJOR FINDINGS OF OPERATION: Malignancy of Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-8-51, to 6-9-51 that I last saw the deceased alive on 6-9-51, and that death occurred at 11:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R E Williams MD — ADDRESS 815 Eastern Ave Essex 4 — DATE SIGNED 6-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 13 1951 — NAME OF CEMETERY OR CREMATORY: Mount Carmel — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 6/11/51 — REGISTRAR'S SIGNATURE: A W Kellner

24. FUNERAL DIRECTOR: Tilly & Tilly Inc. — ADDRESS: 1901 Eastern Ave

VJT

9-10 Dr Geo Kieffer 1010 Landsdowne Apts 105 (29)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05750

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakler
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 173 Oakler Village

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakler
STREET ADDRESS (If rural, give location) 173 Oakler Village

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Prager

4. DATE OF DEATH (Month) June (Day) 24th (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 3/24/1864

9. AGE last birthday 87 yrs.

If under 1 year: Months — Days; If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY Elks Club

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm J. Prager

14. MOTHER'S MAIDEN NAME Catherine (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 219-03-6482A

17. INFORMANT AND ADDRESS Anna Neubauer 173 Oakler Village

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	General Metastases	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of Prostate	4 mos
(c)		

177X
51b

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 19 51, to June 24, 19 51, that I last saw the deceased alive on June 23, 19 51, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo Kieffer M.D. ADDRESS 2470 Bank Blvd DATE SIGNED June 25 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/27/51 — NAME OF CEMETERY OR CREMATORY Balto — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. June 25 51 — REGISTRAR'S SIGNATURE Geo Kieffer

24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.

VS. A13

390836

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05751

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 235 St George Pt. (Middle River Shore)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Pretty

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 2/36

9. AGE last birthday: 15 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George J. Pretty

14. MOTHER'S MAIDEN NAME: Ruth T Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George J. Pretty.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning.

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Middle River. (CITY OR TOWN) Middleborough, (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6 - 8 - 51 11:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Bathing in Middle River.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE for D. M. B. Davis (Degree or title) ADDRESS Deputy Medical Examiner DATE SIGNED

J. McLarmore M.D. Balto Co. Dundalk 22. Md 6/11/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/11/51 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) Dundalk Hill Rd (State) Md

DATE REC'D BY LOCAL REG. 6-11-51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John S. Connelly ADDRESS 418 Eastern Ave Balto 24 Md

MARYLAND STATE DEPARTMENT OF HEALTH

05752

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6500 Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 6500 Dogwood Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Wesley (Last) Quail, Sr.

4. DATE OF DEATH: (Month) June 1 (Day) (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 25, 1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (Farm Owner)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Quail

14. MOTHER'S MAIDEN NAME: Anna Klinard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: 6500 Dogwood Road
Mrs. Katherine May Quail, Baltimore-7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

4201
94a

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) Deceased's Baltimore — ADDRESS: 1010 Leeds Ave., Arbutus — DATE SIGNED: June 1 '51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 4, 1951 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. June 5 51 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: [signature] — ADDRESS: 4510 Liberty Heights Ave.

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05753

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-54

1. PLACE OF DEATH: COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) /; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2209. Joppa. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); STREET ADDRESS (If rural, give location) 2209. Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) J. (Last) Raab

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 2. 1902

9. AGE last birthday: 49 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto. Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: OWN. Business

11. BIRTHPLACE (State or foreign country): Balto Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A Raab

14. MOTHER'S MAIDEN NAME: Alberta Harple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-12-5475

17. INFORMANT AND ADDRESS: Mrs. Wm J. Raab, 2209. Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 24 days

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1951, to June 20, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 6 00 A m., from the causes and on the date stated above.

SIGNATURE: E Jalenak (Degree or title) M.D. ADDRESS 6217 Harford Rd Balto DATE SIGNED 6/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 6/23/51; NAME OF CEMETERY OR CREMATORY Parkwood Cem; LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 6/22/51; REGISTRAR'S SIGNATURE R McAmmett

24. FUNERAL DIRECTOR: Jurasdan Funeral Home; ADDRESS 401 Belair Rd.

550516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05754

CERTIFICATE OF DEATH

Reg. Dist. No. 10-Balto. Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Jacksonville
LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Jacksonville, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) Ellen (Last) Rehberger

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 10, 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Riga, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Martin

14. MOTHER'S MAIDEN NAME: Elizabeth Haley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: John M. Rehberger, M.D. - Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Obstruction	1 month
1727 48h	(c) Carcinoma - uterine, ? extension	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 10, 1950

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma - Fundus of uterus & Metastases

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 6:38 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John M. Rehberger, M.D. ADDRESS: Phoenix, Md. DATE SIGNED: June 17, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 20, 1951 | NAME OF CEMETERY OR CREMATORY: St. John's Catholic Cemetery | LOCATION (City, town, or county) (State): Long Green, Maryland

DATE REC'D BY LOCAL REG.: 6/18/51 | REGISTRAR'S SIGNATURE: C W Kehrer

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05755

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co. | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Red Lion Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co.
STREET ADDRESS (If rural give location) Red Lion Rd.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W (Last) Reichert
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 17 1950
9. AGE last birthday: 1 yrs. | If under 1 year: Months 5 Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John P. Reichert
14. MOTHER'S MAIDEN NAME: Peggy J. Ruby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. John P. Reichert Red Lion Rd. Fullerton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation, (neck caught in playpen) accidental (strangulation) — Interval between onset and death: Sudden 6/11/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

936.0
195.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) M.D., D.M.E. ADDRESS: Towson Md. DATE SIGNED: 6/11/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 6/13/51 | NAME OF CEMETERY OR CREMATORY: St. Michaels Luth. Cem. | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 6/13/51 | REGISTRAR'S SIGNATURE: W. McKinnett | 24. FUNERAL DIRECTOR ADDRESS: Lansdale Funeral Home 7401 Belair Rd. Md.

VS. AT6A

Item 21 Film G135 8-31-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05756

CERTIFICATE OF DEATH

Reg. Dist. No. 45

Ivy Hall Convalescent Home

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall 19 Harisonave Balto 21 Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland; STREET ADDRESS (If rural, give location) 133 South Clinton

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Beitz

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct. 14 - 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN. BLUTH

14. MOTHER'S MAIDEN NAME: LENA VOLK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. FRANK KODETSKY 3300 Oldonnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	4 hrs.
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186 a	(b) Cerebral Sclerosis	12 MOS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured, femur, bilateral

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Daughters Home (CITY OR TOWN): ? (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 1950 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fall result of cerebro-vascular accident. (8-31-51 - ams)

22. I hereby certify that I attended the deceased from 6/16, 1951, to 6/24, 1951, that I last saw the deceased alive on 6/23, 1951, and that death occurred at 11:45 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Jay Blatt, M.D ADDRESS 434 Eastern Ave Balto 21 DATE SIGNED 6/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/28/51; NAME OF CEMETERY OR CREMATORY: Mt Carmel; LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 6/26/51; REGISTRAR'S SIGNATURE: A W Bodnar; 24. FUNERAL DIRECTOR: Edward F. Hoffman; ADDRESS: 1639 Broadway

VST

72826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05757

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
   LENGTH OF STAY (In this place) 5 YRS.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 6726 Fifth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
   STREET ADDRESS (If rural, give location) 6726 Fifth Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) PATRICK (Last) ROGAN

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11/30/1903

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): Co. MAYO, IRELAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PATRICK

14. MOTHER'S MAIDEN NAME: ELLEN O'BRIEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 217-01-9994

17. INFORMANT: MRS. AGNES R. SESSAMEN — 6726 FIFTH AV.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery sclerosis — Interval between onset and death:

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

260X

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley H. Dunsdon — 700 Fleet St., Baltimore 2, Md. — June 11, 1951

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF 6/14/51 — NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL — LOCATION (City, town, or county) (State) BALTO. md.

DATE REC'D BY LOCAL REG. June 13-1951 — REGISTRAR'S SIGNATURE William M Kelly Jr. — 24. FUNERAL DIRECTOR Walter Burdine Bradley — ADDRESS Dundalk, 22, Md.

763-246

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05758

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH COUNTY BALTO. MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 1909 JEFFERSON Rd.	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY BALTO. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) STREET ADDRESS (If rural, give location) 1909 JEFFERSON Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUY	ABRAM	ROOK	JUNE	5,	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M.	W.	MARRIED	SEPT. 28, 1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MACHINIST	CONTAINER MFGR.	PENNA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL ROOK	MARY SHORT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	212-07-7000	MARY M. ROOK - 1909 JEFFERSON Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 hrs
541.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essen Hal. Hyp. Arteriosclerosis	4 yrs
1176	(c) Duodenal ulcer	4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct., 19 47, to June 5, 19 51, that I last saw the deceased alive on June 5, 19 51, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen C. Mackinsky	M.D.	6714 Holabird Ave	6/6/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	6/8/1951	OAK LAWN	BALTO. CO.,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 6-1951	William M. Kelly, D.	Walter Bimbe Bradley	Dundalk (22) md.

5-45-346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05759

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 16 hrs 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 615 S. Bond Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (NMI) (Last) RUG (ROG)
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-4-89
9. AGE last birthday: 61 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (unemployed)
10b. KIND OF BUSINESS OR INDUSTRY: WILSON LINE INC.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael Rug (ROG)
14. MOTHER'S MAIDEN NAME: Elizabeth (MN: Unknown) (PUPA)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 213-10-9177
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) SQUAMOUS CELL CARCINOMA OF TONGUE WITH METASTASES TO LYMPH NODES — Interval Between Onset and Death: 9 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

141X
450

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TUBERCULOSIS, PULMONARY, RIGHT UPPER LOBE, CHRONIC Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 22, 1951, to June 23, 1951, [illegible] and that death occurred at 10:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert [illegible] ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: JUNE 26, 1951
NAME OF CEMETERY OR CREMATORY: St.Stanislaus Cemetery
LOCATION (City, town, or county) (State): 1300 Dundalk Ave.,Balto., Md.

DATE REC'D BY LOCAL REG. 6/25/51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR ADDRESS: George A. Weber 705 S.Ann St.,Balto., Md.

970546

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05760

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Amos (Middle) (Last) Ryan

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: unknown

9. AGE last birthday: approx. 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sparks Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Walter Ryan. 115 N. Green St. Balto Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	few min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	years.
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to June 11, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 10:30a m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS: Catonsville, Md. DATE SIGNED: 6/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 6/12/51
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county): Balto City (State): Md

DATE REC'D BY LOCAL REG. 6/11/51
REGISTRAR'S SIGNATURE: W. J. Chilcoat
24. FUNERAL DIRECTOR: Frances G. Hemsley ADDRESS: 578 W Baltimore St

420.1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05761

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS PARADISE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; STREET ADDRESS (If rural, give location) 55 N. PROSPECT AVE.

3. NAME OF DECEASED (Type or Print): (First) ELEANORA (Middle) (Last) SAUNDERS

4. DATE OF DEATH: (Mooth) 6 (Day) 21 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: OCT. 23, 1891

9. AGE last birthday: 59 yrs. If under 1 year: Mooths. Days; If under 24 hrs.: Hours Mio.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREAH KORN

14. MOTHER'S MAIDEN NAME: CHRISTINA JUDD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Charles H. Saunders. 55 N. Prospect Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Glioma of Brain — Interval Between Onset and Death: 1 year

193X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

540 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 20, 1951

19b. MAJOR FINDINGS OF OPERATION: Glioma of Brain

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1946, to 6/21, 1957, that I last saw the deceased alive on 6/19, 1951, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eliot W. Johnson MD 3432 Druid Park Ave 6/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6-25-51 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK — LOCATION (City, town, or couoty) (State): BALTO. MD.

DATE REC'D BY LOCAL REG. 6-25-51 — REGISTRAR'S SIGNATURE: V E. Harry

24. FUNERAL DIRECTOR ADDRESS: George A. Farley Catonsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05762

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe | MARYLAND LENGTH OF STAY (in this place) 10 yrs. | HOSPITAL OR INSTITUTION OR STREET ADDRESS #601 Kelbourne ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Balt. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe | STREET ADDRESS (If rural, give location) #601 Kelbourne ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Tomas (Last) Schaefer

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 23 1896

9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Auto Sales

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John E. Schaefer

14. MOTHER'S MAIDEN NAME: Katie C. O'Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service) War I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Blanche Schaefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I20.1 Immediate cause (a) Acute Coronary occlusion — Interval Between Onset and Death: June 14-51

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — Interval Between Onset and Death: Dec 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1948, to June 22, 1951, that I last saw the deceased alive on June 22, 1951, and that death occurred at 945 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard Hanson M.D. | ADDRESS: 1711 Selma Ave. 27. | DATE SIGNED: 6/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 25 1951 | NAME OF CEMETERY OR CREMATORY: Meadow Ridge | LOCATION (City, town, or county) (State): Wash. Blvd. Howard Co.

DATE REC'D BY LOCAL REG. 6/25/51 | REGISTRAR'S SIGNATURE: A W Hebert

24. FUNERAL DIRECTOR: Fred A. Cole | ADDRESS: 1913 W. Pratt St.

MARYLAND STATE DEPARTMENT OF HEALTH

05763

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4608 Ridgeway Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural give location): 4608 Ridgeway Ave.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) E. (Last) SCHILLER

4. DATE OF DEATH: (Month) June (Day) 29th, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 18-1890

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Myers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Harry Schiller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rheumatic Heart Disease — 10 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

416X
95b

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1947 to June 29, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Adam Gheiss — (Degree or title) M. D. — ADDRESS: 6232 Belair Rd — DATE SIGNED: June 30, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: July 2, 1951 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR'S REG.: July 2 '51 — REGISTRAR'S SIGNATURE: Mrs O. L. Reynolds

24. FUNERAL DIRECTOR: Loudon Funeral Home — ADDRESS: 7401 Belair Rd.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

05764

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manhattan Beach
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Schlesinger (Last)

4. DATE OF DEATH: (Month) (Day) (Year) June 11, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov. 2, 1860

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anton Schlesinger

14. MOTHER'S MAIDEN NAME: Katherine Schlesinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Freda Tompkins, Manhattan Beach

18. MEDICAL CERTIFICATION A.A. Co., Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insufficiency	2 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Generalized arteriosclerosis	15 yr.?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 0, 1946 to June 11, 1951, that I last saw the deceased alive on June 11, 1951, and that death occurred at 3.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer K. Gallagher M.D. Catonsville-28, Md. 6-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 14/51

NAME OF CEMETERY OR CREMATORY: Loudon Pk.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/14/51

REGISTRAR'S SIGNATURE: C W Redeker

21. FUNERAL DIRECTOR: Harry F. Weitzfle ADDRESS: 4101 Edmondson Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

740849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05765

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 18 mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Westshire Road	STREET ADDRESS (If rural, give location) 317 Westshire Road

3. NAME OF DECEASED (Type or Print) (First) ANTHONY-AUGUSTUS- (Middle) (Last) SCHNEIDER			4. DATE OF DEATH (Mooth) June (Day) 3 (Year) 1951	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov 27. 1877	9. AGE last birthday 73 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Mio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) Carroll Co. Md	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank Schneider		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) —	16. SOCIAL SECURITY No. 220-05-5880	17. INFORMANT AND ADDRESS Julia M. Schneider - 317 Westshire Rd		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 12 hrs.

442X **Antecedent cause(s)**

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertension Cardio Vascular Renal Disease — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-12, 1950, to 6-3, 1951, that I last saw the deceased alive on 6-2, 1951, and that death occurred at 1459 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilson K. Gallagher	M.D	Catonsville 28, Md.	6-4-51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 6. 1951	Druid Ridge	Balto Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/51	W.W. Hedrick	Wm. Wm. John W. Teufel & Son	5311 Edmondson Ave

Don

230946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Be 05766

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 30
STREET ADDRESS (If rural, give location) 2340 Annapolis Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	D.	SCHNURR	June 19 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	10-10-68	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter (unemployed)		Fort Wayne, Ind.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip Schnurr	Sarah Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes SAW	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CARCINOMA OF PROSTATE WITH METASTASIS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS	UNKNOWN

177X
51b

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 11, 1951, to June 19, 1951 [illegible] and that death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

A. E. FUGH, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-19-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-25-51	The Catholic Cemetery	Fort Wayne, Ind.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/21/51	[signature]	James L. McCully Funeral Home	128 E. Fort Ave., Baltimore, Maryland

DM

Items 4,9 FilmG136 10/22/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04656

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Roadside Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 6313 Frederick Ave

3. NAME OF DECEASED (Type or Print): (First) Ruby (Middle) Jean (Last) Scholer

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12/13/1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Elkhart, Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norris E. Felt

14. MOTHER'S MAIDEN NAME: Jennie Breeze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Norris E. Felt 6312 Frederick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerotic heart disease.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Chronic myocarditis.

(c) Intraventricular heart block.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1951, to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: C. M. Hering M.D. (Degree or title) ADDRESS 207 Bellevue Ave Catonsville-78 Md. DATE SIGNED 6/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/5/51

NAME OF CEMETERY OR CREMATORY Grace Lawn Cmt

LOCATION (City, town, or county) (State) Elkhart, Indiana

DATE REC'D BY LOCAL REG. 6/3/51

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR William J. Tiernan Sons Inc. ADDRESS Alex.

Item 21 Film G133 7-2-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05767

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Avenue House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Petersburg; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Laura T. Anderson Seaman

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: about 1868

9. AGE last birthday: 83 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N. J.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles P. Anderson

14. MOTHER'S MAIDEN NAME: Sarah Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Baltimore, Md. Rev. Warren Seaman - 2026 Brookfield Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	10da.
902.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a	(b) Fracture left femur	18da.
	(c) Hypertensive Cardio-Vascular Disease	5yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): House in Pines (CITY OR TOWN) - Catonsville, Md. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 5-28-51 7 am.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell off bed to floor. (7-2-51 - ams)

22. I hereby certify that I attended the deceased from 3-3, 1948, to 6-15, 1951, that I last saw the deceased alive on 6-14, 1951, and that death occurred at 12.30p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Melvin K. Gallagher M.D. ADDRESS: 6209 Frederick Ave. DATE SIGNED: 6-15-51

23. BURIAL, CREMATION REMOVAL (Specify): burial; DATE THEREOF: 6-16-51; NAME OF CEMETERY OR CREMATORY: Riverside; LOCATION (City, town, or county) (State): Toms River, N. J.

DATE REC'D BY LOCAL REG. 6/15/51; REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place ADDRESS

M B Mitchell

VS. A15

1-3 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Re 05768

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2812 Harlem Ave ✓

3. NAME OF DECEASED (Type or Print): (First) MARY-ETTA (Middle) (Last) SEEBACH

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar 5. 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Barow

14. MOTHER'S MAIDEN NAME: Nancy Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Marie H. Cook 1312 Eutaw Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial degeneration & insufficiency — 10 days.

Antecedent cause(s) 420.0 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b) Arteriosclerotic Type heart disease with cardiac hypertrophy and congestive failure — several years

(c) Generalized arteriosclerosis with hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic inflammation of gall bladder with presence of gall stones

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19.51., to June 15 19.51., that I last saw the deceased alive on June 14, 1951., and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William Michel M.D. 1015 Poplar Grove St. Balto. 16. Md June 15 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: June 18-1951 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county): Balto City | (State): Md

DATE REC'D BY LOCAL REG.: June 16-1951 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Wm. Mrs. John W. Teufel & Son | ADDRESS: 5311 Edmondson ave

MARYLAND STATE DEPARTMENT OF HEALTH

05769

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LARCHMONT; LENGTH OF STAY (in this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2508 Poplar Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LARCHMONT; STREET ADDRESS (If rural, give location) 2508 POPLAR ROAD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	CLAY	SEEGER	JUNE	19,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	SEPT. 21, 1866	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		PHILADELPHIA, PA.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		MRS. O. K. BOYD, 2508 POPLAR RD. LARCHMONT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myocardial Infarct	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Occlusion	20 min
(c) Arteriosclerotic Cardio Vascular Disease	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic prostatitis with hypertrophy	10 yrs

420.1
93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Octo 11, 1946, to June 19, 1951, that I last saw the deceased alive on June 19, 1951, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward Eble	M.D.	3403 Garrison Blvd Balto 15	June 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	JUNE 20, 1951	HILLSIDE.	ROSLYN, PA.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/51	H. W. Hedrick	WM. J. TICKNER & SONS, NORTH & PA. AVES	BALTIMORE, 17, MD.

by W.P.B.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05770

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Maryland; LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Maryland
STREET ADDRESS (If rural, give location) Rosewood State Training School

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Allen	Seiss	6	4	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	5/23/06	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inmate at Rosewood State Training School	none	Frederick Co., Md.	

13. FATHER'S NAME: Samuel Seiss

14. MOTHER'S MAIDEN NAME: Fannie M. Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Record of Institution

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Epileptic Convulsion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Spastic Quadriplegic Idiot	Congenital
(c)		

351 X
87e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SeeaAbove

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	no	Owings Mills,	Baltimore Co.,	Maryland

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none			m.		none

22. I hereby certify that I attended the deceased from 3/17, 19 18, to 6/4/, 19 51, that I last saw the deceased alive on June 4, 19 51, and that death occurred at 10:25 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George C. Medairy M.D., George C. Medairy, M.D., Clinical Director,	Rosewood State Training School Owings Mills, Md.	6/4/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/7/51	St. Anthony's	St. Anthonys Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-5-51	Mary B. Elmer.	M. T. Creager & Son	Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Rec 05771

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural middle River — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1509 Wilson St. md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2613 ashland ave

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Michael (Surname) Slechta

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 20, 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months 6 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Skrabek Tailoring

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Slechta

14. MOTHER'S MAIDEN NAME: Ann Ranka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-09-5583 A

17. INFORMANT AND ADDRESS: Joseph Slechta, son, 710 N. Linwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation due to — 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pulmonary Edema. — acute — 4 hrs.

(c) Arterio Sclerosis Gen. Cardio Vascular Disease — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 June, 1951, to 4 June, 1951, that I last saw the deceased alive on 4 June, 1951, and that death occurred at 900 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph D'Antoni M.D. — ADDRESS 710 maryland ave — DATE SIGNED 4 June 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 8, 1951 — NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. — LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 6/7/51 — REGISTRAR'S SIGNATURE H.W. Hedrick Son

24. FUNERAL DIRECTOR — ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VVV 656

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05772

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING — VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 73 yrs.
Hospital, Institution, or street address where death occurred:
Relay Sanitarium
How long in hospital or institution? 7 yrs. 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. .....
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME: Mrs. Elizabeth Ranson James Spence

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: Charles R. Spence
Dead 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 2, 1876

8. AGE: Years	Months	Days	If less than one day
74	7	28	..... hrs. ..... min.

9. Birthplace: Catonsville, Baltimore, Md.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Nathaniel Willis James
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Frances Ranson
15. Birthplace: Virginia

16. Informant: Charles R. Spence Jr.
Address: 6420 Reisterstown Rd.

17. (Burial, cremation, or removal. Which?) Date thereof July 1951 (month) (day) (year)
Cemetery or crematory .....
Location: London Park Balto Md.
18. Funeral director: H.W. Jenkins ~~Bros~~ & Sons Co
Address: 4905 York Rd Balto 12 Md.
19. 7-2-1951 (Date rec'd by registrar) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 19 51, at 4:40 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 19 44, to June 30 19 51
and that I last saw h.e.r. alive on June 30 19 51

	DURATION
Immediate cause of death: Cerebral Hemorrhage	13 hours
Due to: Hypertensive Cardio vascular Disease.	many years
Due to: 443X	
Other conditions: Fracture of Right Femur	8 weeks

(Include pregnancy within 3 months of death)
186a
Major findings of operations: Fracture of Right Femur Date of op. 5/5/51
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Chas R Spence M. D. or other
Address: Relay, Md. Date signed 6/30/51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05773

CERTIFICATE OF DEATH

Reg. Dist. No. 490

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5
STREET ADDRESS (If rural, give location) 943 N. Chapel Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (NMI) (Last) STARKS

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-4-92

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard

11. BIRTHPLACE (State or foreign country): Hanover Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlie Starks

14. MOTHER'S MAIDEN NAME: Tempie Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 217-07-4299

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CACHEXIA — 4 months

151X
46b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) TOTAL GASTRECTOMY FOR CARCINOMA OF STOMACH (Performed at VAH, Fort Howard, Md. - 2-14-51)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1951, to June 23, 1951, [redacted] and that death occurred at 10:10 P.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. 6-25-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-28-51

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/26/51

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR: Charles R. Law

ADDRESS: 802 Madison Avenue, Baltimore 1, Maryland

VJT

970 626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05774

CERTIFICATE OF DEATH

Reg. Dist. No.....

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural,
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 622 Register Ave. Stonleigh

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County
STREET ADDRESS (If rural, give location) 622 Register Ave.

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Eleanor (Last) Suchting

4. DATE OF DEATH (Month) (Day) (Year) June 17, 1951

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH July 12, 1870 | 9. AGE last birthday 80 yrs. | If under 1 year: Months 11, Days 5 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dietrich Krumdiek | 14. MOTHER'S MAIDEN NAME Eleanor Bushardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. None | 17. INFORMANT AND ADDRESS Marie D. Starlings, 622 Register Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis & Arteriosclerotic Vascular ... 1 yr.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease of generalized Arteriosclerosis

932 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to Jun 17, 1951, that I last saw the deceased alive on Jun 17, 1951, and that death occurred at 7:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. Harry Ashman MD 1924 Wilmth Ave 6/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 20, 1951 | NAME OF CEMETERY OR CREMATORY St. Pauls | LOCATION (City, town, or county) (State) Catonsville

DATE REC'D BY LOCAL REG. 6/20/51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Fred A. Cole | ADDRESS 1913 W. Baltimore St.

Dr

720826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05775

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3yr. 7mo. 9da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 724 N. Linwood ✓

3. NAME OF DECEASED (Type or Print): (First) MAE (Middle) (Last) SULLENS

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 15, 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Richard Sullens

14. MOTHER'S MAIDEN NAME: Harriet Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — 12 hours

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 131a

(b) Arteriosclerotic heart disease — several yrs

(c) Senile arteriosclerotic nephrosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked generalized arteriosclerosis — " "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29th 19 51, to June 29, 19 51, that I last saw the deceased alive on June 29, 1951, and that death occurred at 4 55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Herrmann Greenmd

ADDRESS Spring Grove State Hospital Catonsville 28, Md.

DATE SIGNED Je 29, 51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7-2-51 — NAME OF CEMETERY OR CREMATORY MP Cemetery — LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 7/2/51 — REGISTRAR'S SIGNATURE C. W. Redrick

24. FUNERAL DIRECTOR Eddy & Gorsuch — ADDRESS 403 W. Fay

MARYLAND STATE DEPARTMENT OF HEALTH Bc 05776

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23; STREET ADDRESS (If rural, give location) 2346 W. Lexington Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEROY	A.	TAYLOR	June	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	9-24-26	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Instructor	Tailoring	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Taylor	Beatrice Parker (

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II	219-10-4889	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CHRONIC LYMPHATIC LEUKEMIA	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

204.0
714a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 5, 1951, to June 11, 1951, [illegible], and that death occurred at 3:05 A. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICES, VAH, FORT HOWARD, MD. 6-11-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 13-51	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/13/51	a W Redmer	Jas. A. Hayes	638 N. Gilmore Street Baltimore, Maryland

ST

0434

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05777

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 yr. 4 mths. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 600 S. Chapel Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) THEODORAS

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: January 17, 1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months 5, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dishwasher

10b. KIND OF BUSINESS OR INDUSTRY: restaurant

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?: Greece

13. FATHER'S NAME: (Unknown)

14. MOTHER'S MAIDEN NAME: (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	Prior to 1949
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (592X, 131a)	(b) Chronic interstitial nephritis	"
	(c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	"

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 2-3-50, to June 19, 1951, that I last saw the deceased alive on June 19, 1951, and that death occurred at 7:55 p. m., from the causes and on the date stated above.

SIGNATURE: Ethel B. Herrmann (Degree or title) Grad. M.D. — ADDRESS: Spring Grove State Hospital, Catonsville 28, Md. — DATE SIGNED: 6-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 51 — NAME OF CEMETERY OR CREMATORY: Greek Orthodox Cem. — LOCATION (City, town, or county): Woodlawn — (State): Md

DATE REC'D BY LOCAL REG.: 6-22-51 — REGISTRAR'S SIGNATURE: W. E. Harris

24. FUNERAL DIRECTOR: Harry A. Wittstadt — ADDRESS: 4101 Edmondson Ave. 290896

Item 7 Film G133 7/3/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05778

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The nearest age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Liberty Lane

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Taylor (Last) Trussell

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 10, 1884

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer in factory

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marshall Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Taylor Trussell

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-14-6976

17. INFORMANT: Reisterstown Police, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocarditis, Chronic — Decompensating — 2 yrs
(c) Hypostasis

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Had been inebriated

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-49 to 6-19-51, that I last saw the deceased alive on 6-19-51, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Saffell M.D. Reisterstown, Md. 6-20-51

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: June 23, 1951
NAME OF CEMETERY OR CREMATORY: Finksburg Cem.
LOCATION (City, town, or county) (State): Finksburg Carroll Md.

DATE REC'D BY LOCAL REG. 5-22-51
REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J F Eline & Sons
ADDRESS: Reisterstown Md

960 477

VS. A15

06479

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: BALTIMORE Co. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Patapsco River at Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) UNIDENTIFIED (Middle) WHITE (Last) FEMALE U

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1951 19

5. SEX: Female

6. COLOR OR RACE: White U

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: N

9. AGE last birthday: yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: K N

14. MOTHER'S MAIDEN NAME: W

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: O W N

17. INFORMANT: N

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning, found drowned

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River

(CITY OR TOWN) (COUNTY) (STATE): Patapsco River at Annapolis Road

TIME OF INJURY (Month) (Day) (Year) (Hour): 6-23-51 m.

INJURY OCCURRED While at work ☐ Not while at work ☐ ?

HOW DID INJURY OCCUR? Found drowned

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection, Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Stanley R. Dunbaugh (Degree or title) M.D. ADDRESS: 700 Fleet Street DATE SIGNED: 7-3-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL AUG 31 1951

DATE REC'D BY LOCAL REG.: Sept. 19, 1951

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR | ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05779

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Catonsville; LENGTH OF STAY (in this place) 18 yrs., 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland; STREET ADDRESS (If rural, give location) 2307 Harford Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNA		VINJU	June	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Dec. 27, 1872	78 yrs.	5 / 19	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Holland	No

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hendrickus Kos	Morigi Grootervil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic heart disease	years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic interstitial nephritis	"
	Generalized arteriosclerosis	
	(c) Cardiac hypertrophy due to overstrain	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiac dilitation due to overstrain	"

420.0
131a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 2, 1951, to June 15, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ethel B. Herrmann Greer	M.D.	Spring Grove State Hospital Catonsville 28, Md.	6-15-51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/18/51	Trinity Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/18/51	A W Dellinger	HENRY SANDER & SONS, INC. BALTO. 13, MD.	Elizabeth Sander

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05780

Reg. Dist. No. 44

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 62 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 647 Eye Street, S. E.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	F.	WADDELL	June 27 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	9-12-77	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boats Engineer	?	Washington, D. C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Waddell	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes SAW WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHOPNEUMONIA, TERMINAL	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIOSCLEROSIS	Unknown
	(c)	

450.0
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 26, 1951, to June 27, 1951, [illegible] and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. E. PUCH, M.D.	ACTING CHIEF, MEDICAL SERVICE,	VAH, FORT HOWARD, MD.	6-28-51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6/29/51	Chambers Funeral Home	Ft. Howard - D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/29/51	A W Hedrick	Howard Blight Funeral Home	6009 Harford Road, Baltimore, Maryland

JT

Mildred F. Blight

673 VVV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05781

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place) 72 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 203 Wampler Road

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) G. (Last) Wacker

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1951

5. SEX: Female — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: July 15 1882 — 9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Germany — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Balk — 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Herman H. Wacker Jr. 5527 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 yrs.

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1 of, 1950, to June 20, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James F. Waite, M.D. 422 Euston Ave. Baltimore 21, Md. 6/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 23/51 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. 6/21/51 — REGISTRAR'S SIGNATURE: D.W. Kidwell — 24. FUNERAL DIRECTOR: Philip Henry Sons — ADDRESS 2024 Orleans St.

VS. A15

D2

422 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Bc 05782

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 1 yr. 6 mths. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 330 S. Oldham Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) JOHN (Last) WALL

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	single	Mar. 30, 1910	41 yrs.	2	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laundryman	laundry	Baltimore, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Wall.	Barbara Willeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No NO	214-20-2434	Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis both lungs	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary edema mild	
260X 61	(c) Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. McKieffer	Insp. Eden Balto Co	1010 Leadenhall	June 2, 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 5, 1951	St. Stephen's Cemetery	Bradshaw, Balto. Co., Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/51	R.W. Hedin	Charles S. Zeiler	901 S. Conkling St, Balto., 24, Md.

Dr

643846

items 1, 9, 22: VA letter, Geo.Goldsmith filmed 7-3-51 G133 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05783

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Howard
LENGTH OF STAY (in this place) 288 days 287
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 739 E. Preston St.

3. NAME OF DECEASED (Type or Print): (First) PATRICK (Middle) (NMI) (Last) WALLACE

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-14-93

9. AGE last birthday: 58 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Police

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Wallace

14. MOTHER'S MAIDEN NAME: Marie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ruptured esophageal varices — 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver. — unknown

5710 1246

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 19 50., to 6-28, 19 51 [illegible] that I last saw the deceased [illegible] and that death occurred at 5-55P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert E.Pugh,M.D. ACTING CHIEF,MED.SER VAH.Ft Howard,Md. June 29 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 6/29/51 | NAME OF CEMETERY OR CREMATORY: Cathederal Cemetery | LOCATION (City, town, or county) (State): Baltimore,Md.

DATE REC'D BY LOCAL REG. 6/29/51 | REGISTRAR'S SIGNATURE a W Fedrick | 24. FUNERAL DIRECTOR ADDRESS: Elmer Conklin,922 E.Eager St.Balto.Md.

773 936

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05784 44

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 84 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Diana
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HOMER (Middle) A. (Last) WARE
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-19-95
9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: 7
11. BIRTHPLACE (State or foreign country): Diana, West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman F. Ware
14. MOTHER'S MAIDEN NAME: Sarah Ann Sizemore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) OBSTRUCTIVE JAUNDICE	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) STRICTURE OF COMMON BILE DUCT	UNKNOWN
	(c)	

58.X
127.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1951, to June 14, 1951, [illegible] and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman, M.D.
(Degree or title) ADDRESS DATE SIGNED
IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 6/14/51
NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
LOCATION (City, town, or county) (State): Diana, West Virginia

DATE REC'D BY LOCAL REG. 6/14/51
REGISTRAR'S SIGNATURE: C. W. Dodson
24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home 6009 Harford Rd., Baltimore, Maryland

SHIP TO: Dodd & Hurt Funeral Home, Webster Springs, W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05785

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosemary Lloyd, 5313 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblesburg - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY — (Middle) ELLEN — (Last) WEAVER

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 51

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH May 7-1871 | 9. AGE last birthday 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurse | 10b. KIND OF BUSINESS OR INDUSTRY Boys school | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Lewis Weaver | 14. MOTHER'S MAIDEN NAME Sallie Howble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT W. G. Weaver, Fowblesburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Degenerative C-V. Disease

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
93d
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Glaucoma - Both Eyes

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1951, to 6-24, 1951, that I last saw the deceased alive on 6-23, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theresa Weaver | ADDRESS Catonsville | DATE SIGNED 6-26

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 26/51 | NAME OF CEMETERY OR CREMATORY Emory | LOCATION (City, town, or county) (State) Powell Co Md

DATE REC'D BY LOCAL REG. 6-29-51 | REGISTRAR'S SIGNATURE W. E. Harvey | 24. FUNERAL DIRECTOR Edw. A. Tipton | ADDRESS Hampstead Md

295888

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0578644

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. — LENGTH OF STAY (in this place) 53 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 E Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point (19), Md.
STREET ADDRESS (If rural, give location) 308 E St.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) NORA (Last) WESTBROOK

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 13 Aug. 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel

14. MOTHER'S MAIDEN NAME: Katharine Tuckey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Catherine Frances

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Insufficiency	2 Mths
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 yrs
	(c) Diabetes Mellitus	30 yrs

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to June 13, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 11:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James T. Means M.D — 520 D St. Sp. Pt. 19 Md. — 6/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/16/51 — NAME OF CEMETERY OR CREMATORY: Park Wood — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: June 14-1951 — REGISTRAR'S SIGNATURE: Nielsen M. Kelly Jr.

24. FUNERAL DIRECTOR — ADDRESS: Walter Brooks Bradley, Dundalk, Md

Dr. Dawson L. Parker

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05787

CERTIFICATE OF DEATH

Reg. Dist. No. 30

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 616 Cooks Lane

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Gerber (Last) Wheatley

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1951.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 4, 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Gerber

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robt. C. Wheatley, 504 N. Chapel Gate Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	1 wk.
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10+ yrs.
83a	(c) Arteriosclerosis	10+ yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial failure — 5+ yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to June 26, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robt B. Wright Md. — Medical Arts Bldg. — June 26-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 28/51 — NAME OF CEMETERY OR CREMATORY: Loudon Park, 3801 Frederick Rd. — LOCATION (City, town, or county) (State): Baltimore 29 Md.

DATE REC'D BY LOCAL REG. 6-28-51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Harry A. Leitzke — 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05788

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN | LENGTH OF STAY (in this place) 7 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHAPMAN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN -
STREET ADDRESS (If rural give location) CHAPMAN ROAD

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) LOUISE (Last) WHEATLEY

4. DATE OF DEATH: (Month) JUNE (Day) 26 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: SEPT. 23-1871

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTIMORE - MD -

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: WILLIAM H. TAYLOR

14. MOTHER'S MAIDEN NAME: MARY LOUISE CARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MR. WHEATLEY - HUSBAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

434.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93e (b) MYASTHENIA GRAVIS — 5 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PT. UNDER CARE OF DR. IRA BAYER BALTO. MD - SINCE MAY 15 1951

19a. DATE OF OPERATION: NONE | 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 26, 1951, to JUNE 26, 1951, that I last saw the deceased alive on JUNE 26, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas E. Wheeler MD Randallstown, Md. 6/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6/28/51 | NAME OF CEMETERY OR CREMATORY Parkwood Cem. | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 6/27/51 | REGISTRAR'S SIGNATURE C. A. Peterson | 24. FUNERAL DIRECTOR Wm. J. Pickney & Sons ADDRESS Balto Md.

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05789

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longnecker Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location) Longnecker Road

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Mielke (Last) Wheeler

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 19, 1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Mielke

14. MOTHER'S MAIDEN NAME: Martha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Clarence M. Wheeler, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral embolus — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocarditis chronic — 422.2 932

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral embolus 1948

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 1-1-, 19 50, to 6-27-, 19 51, that I last saw the deceased alive on 6-27-, 19 51, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. Sadtler M.D. — ADDRESS Reisterstown Md — DATE SIGNED 6-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 29, 1951 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 6-28-51 — REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05790

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Reisterstown~~ Garrison; LENGTH OF STAY (In this place): Passing thru.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reisterstown ~~Rd. at Delight~~ Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown, Md.
STREET ADDRESS (If rural, give location): ~~Reisterstown Rd. at~~ Delight Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edwin	Emerson	White	June 3, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Divorced	Dec. 25, 1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Banking	business	Baltimore Co.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George L. White	Nellie G. Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	None	Rev. Lawrence Rice. Pikesville, Md. 11 Walker Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull, mandible, left scapula, ribs on left, left humerus & left femur due to being struck by car auto.	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

812.5
170.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Garrison	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 3 '51 1:10 A. m.		Struck by Auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples,	Deputy Med. Exa. M.D.	Reisterstown, Md.	6-4-'51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 5, 1951	Louden Park	Baltimore City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-4-51	Mary B. Eline	J. F. Eline & Sons,	Reisterstown, Md.

2 907 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05791

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Parkville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3209 Taylor Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Parkville; STREET ADDRESS (If rural, give location) 3209 Taylor Ave.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) J. (Last) Kriechert

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 18 - 1878

9. AGE last birthday (72) 72 yrs. If under 1 year Months; Days; If under 24 hrs. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dames Quarter Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Jefferson

14. MOTHER'S MAIDEN NAME: Emily White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr Robert Kriechert - 3209 Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic and hypertensive heart dis? — Interval Between Onset and Death: 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

420.0
93d

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute bronchitis — 3 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 10 June, 1951, that I last saw the deceased alive on 10 June, 1951, and that death occurred at 12 noon m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert E. Mason M.D. ADDRESS 9E. Chase St. DATE SIGNED 11 June '51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6-14-51 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 6/12/51 — REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR L. J. Tuck — ADDRESS 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

05792

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 5 yrs., 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: P.Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville
STREET ADDRESS (If rural, give location): None ✓

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) B. (Last) WOOD
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 51

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 18, 1856
9. AGE last birthday: 94 yrs. If under 1 year: Months 8 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gate City, Virginia
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James T. Wood
14. MOTHER'S MAIDEN NAME: Dorothula White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease — Several yrs

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Chronic interstitial nephritis — " "

(c) — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — " "

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1948, to June 22, 1951, that I last saw the deceased alive on June 22, 19 51, and that death occurred at 2:10 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ethel B. Herrmann - Imm MD. | Spring Grove State Hospital Catonsville 28, Maryland | 6/22/51

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL | DATE THEREOF: JUNE 25/1951 | NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEM. | LOCATION (City, town, or county) (State): SILTLAND - PR. GEO. - MD.

DATE REC'D BY LOCAL REG. 6-23-51 | REGISTRAR'S SIGNATURE: Victor E. Harry | 24. FUNERAL DIRECTOR: W. W. CHAMBERS CO - RIVERDALE MD | ADDRESS

COPY SENT TO ~~LOCAL~~ REGISTRAR No. 6 DATE 6-25-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 05793

CERTIFICATE OF DEATH

Reg. Dist. No. 4 P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 40 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23; STREET ADDRESS (If rural, give location) 1212 W. Fayette Street

3. NAME OF DECEASED (Type or Print): (First) AUGUST; (Middle) G.; (Last) ZIMMER, SR.

4. DATE OF DEATH: (Month) June; (Day) 13; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8-15-92

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles D. Zimmer

14. MOTHER'S MAIDEN NAME: Sarah Vahle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diffuse Carcinoma of Lungs, Lymph Nodes, Esophagus, Intestines and Right Adrenal.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

199.8 46e

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1951, to June 13, 1951, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 11:20 A. m., from the causes and on the date stated above.

SIGNATURE: M.N. JENSEN, M.D. (Degree or title)

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 6-13-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/15/51

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/14/51

REGISTRAR'S SIGNATURE: A W Hamrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Road, Baltimore, Md.

Howard T. Blight

64326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05794

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Haywood Heights	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Haywood Heights
LENGTH OF STAY (in this place): 4 Yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6000 Liberty Road	STREET ADDRESS (If rural, give location): 6000 Liberty Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	Marguerita	Zimmerman	June	11,	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	12/31/1859	91 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Williams	Cecilia Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Imogen Z. Pfeiffer 6000 Liberty Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular disease	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
1/22.1 93d	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 7, 19 51, to June 11, 19 51, that I last saw the deceased alive on June 11, 19 51, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter S. Tibbitt		2220 Garrison Blvd	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-14-1951	Lorraine Park	Woodlawn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/13/57	R W Bennett	G. Howard Strong	3207 W. North Ave.,

VJT